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MEDICAL AND SURGICAL REPORTER

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COMMUNICATIONS.

STOMATITIS GANGRENOSA; A NEW TREATMENT.

> BY LLEWELLYN ELIOT, M.D., WASHINGTON, D. C.

In selecting "Stomatitis Gangrenosa; A New Treatment," as my subject, I do so in the hope that my success in the treatment of my cases, will encourage others to give the plan a trial. At the outset I shall state my position and belief in a few words, and then endeavor to sustain them.

Stomatitis gangrenosa is dependent for its existence upon a germ, a parasite, a fungoid growth; the corrosive chloride of mercury has the power, when employed in sufficiently strong solutions, of destroying germs and disease.

physician, gave the first correct description of this disease, as far back as 1620, in his "Manual of Surgery." Since then various writers, Swedish, French, English, American and German have described it as water kanker, noma, gangrene of the mouth, gangrenous scorbutus of the gums, necrosis infantilis. In America, the best articles on this subject are by Gerhard, Coates, Meigs and Pepper, and Cohen. This is not a and Pepper, and Conen. 11115 is it disease of private practice nor is it hospital or asylums. It frequently seen in hospital or asylums. attacks children between their first and the sixth years, as a rule, and those older as the exception. Only those children who are constitutionally run down by long and severe illness, by improper feeding, by unsanitary surroundings or the various concomitants of the poorer classes, are affected by it. Although not considered a contagious affection, I believe that one case of parasites, therefore the application of this gangrenous stomatitis, admitted into an germicide is the correct treatment of this asylum for foundlings and not subjected to restriction, such as isolation and the use of A few observations upon this affection special towels, cloths, clothing and bedding, will not be amiss. Dr. Battus, a Dutch will prove the starting point for an epidemic

viction and, I think, from the point of view of experience.

The disease sets in without special symp- toms and may so escape detection, although there is a gangrenous odor to the breath. The mucous membrane ulcerates and the cheek or lips become tumefied, shining, pale and hard, and the disease may either spread externally or follow the mucous membrane of the mouth, perforating the cheek or laying bare the alveolar processes, or even an entire section of the maxilla, superior or inferior, with subsequent necrosis. The patient's strength does not fail, unless the previous condition of debility increases.

Death supervenes in the second week, either from entero-colitis, pneumonia, pulmonary gangrene, or collapse. When recovery fol-lows it is only with loss of much tissue and with more or less deformity. The diagnosis is easy, for the odor of the breath and the appearance of the eschars are sufficient to set aside all doubts as to the nature of the affection. The death rate is stated at from seventy-five to eighty-five per centum, but is less in private practice than in hospital or asylum practice, and as a matter of course depends somewhat upon the simple or complicated condition of the case.

As to the treatment, I believe that the internal administration of chlorate of potash with the tincture of the chloride of iron, sulphate of quinine, stimulants, and the local application of caustics, is the only treatment worthy of mention. As to caustic applications to the diseased parts, hydrochloric acid is preferred, although nitric acid, the actual cautery, acid solution of nitrate of mercury, and undiluted carbolic acid are employed. Gerhard employed undiluted tincture of the chloride of iron, Maguire uses the subnitrate of bismuth. used sulphate of copper, thirty grains to the ounce of water. As an application, my preference is decidedly in favor of the corrosive chloride of mercury in strong solution, and my prescription is:

Hydrargyri chloridi corrosivi . . gr. Aquæ destillatæ f 3j

M. Sig. Apply with a cotton probang twice a day if necessary to remove the eschars.

These applications are to be made twice a day if necessary; if the eschar is removed place, then there is no further need for such of 1 to 2000 and continue its use as a wash solutions.

of this disease. I write this from firm con-, until the suspicious appearance of the ulcer has left, when a solution of tincture of myrrh is employed. To be effective any application must be thorough and be repeated as long as there is any evidence of the continuation of the disease. Internally, I order:

> Potassii chloratis .

M. Sig. Teaspoonful every three (3) hours.

In reviewing the experience of the past fifteen years, I find that I have treated five cases of stomatitis gangrenosa, two of which rapidly went to a fatal termination, the other three recovering after a long convalescence. In treating these cases the approved methods of procedure were faithfully and religiously followed in two cases. The nitric acid applications were made without fear, chloride of iron and chlorate of potash were administered to the point of tolerance, quinine and alcoholics were not spared, but both the patients died in spite of the care and treatment they received. The three remaining patients were treated with free applications of the corrosive chloride of mercury in strong solution, with the iron, the potash, the quinine, the stimulation and the full diet of the other two, and they recovered from the disease. eschars separated much sooner than when the acid was employed. In each of these cases there was a relaxed condition of the bowels, which was controlled with pare-

I am not a believer in the antiseptic treatment and methods of the day, for I do not think they are applied in sufficient strength, and I do not believe that a douching, an irrigation, a washing, a spraying-call it what you will-with a quart, a gallon, yes, a barrel, if needs be, of a solution of the corrosive chloride of mercury, of a strength of 1 to 3000 or 1 to 4000, will do as much good as the same douching, irrigation, washing, or spraying with clean water. With this belief, different as it is from that of the majority of my professional brethren, I employ the very antiseptic I decry. Compare the difference in strength, and then see "the faith that is in him." Not for one moment do I doubt the records of experimenters in this line of study, nor the favorable reports following the use of such weak and no further extension of the disease takes solutions; but I still assert, that to get the germicide effects of the corrosive chloride of a strong solution. I then make a solution mercury, it must be employed in very strong lx

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PULMONARY CONSUMPTION IN THE DRY ELEVATED RE-GIONS OF THE ROCKY MOUNTAINS.

> BY L. HUBER, M.D., ROCKY FORD, COLORADO.

Each year develops fresh discussions of the climatic treatment of pulmonary con-In these discussions there is much difference of opinion and teaching as to what part altitude takes in the treatment of the disease; some advocate its beneficial effects, others deny them. Another matter of contention is as to the aseptic qualities of the atmosphere in many parts of the region specified. This condition is little understood by physicians outside the limits in question, and hence is overlooked in the discussions of the present question. That an old and thickly settled region, into the atmosphere of which the smoke, dust, and effluvia of long years have ascended, should differ in the amount of "atmospheric dust" and in its quality from that of a comparatively recently settled country, is quite reasonable. In truth, the fact has been demonstrated by scientists and observers. What relation this condition of the atmospheric air should have to the climatic treatment of consumption will subsequently receive due consideration, it being sufficient now to mention simply the fact of such a difference of air, and to note that in the present inquiry it is often disregarded.

Another source of disagreement among physicians on this subject is the misleading views and erroneous notions entertained as to the bodily temperature changes in pulmonary consumption. Let us briefly discuss this subject and remove its obscurities. Dr. Williams, in his masterly work on "Pulmonary Consumption," by innumerable clinical observations, substantially concludes as follows: The active deposit of tubercle (tubercularization) produces an irritative condition of the system and increases the heat-producing functions. But tubercularization, in taking hold of the system, produces a tendency to collapse. Now, the changes of bodily temperature, wherever present, are the resultant, as it were, of these two opposite conditions. To quote the exact words of the author: "To understand the temperature chart of phthisis, we must bear in mind that it is due to two principal agencies:

THE CLIMATIC TREATMENT OF which the heat of the body is maintained, the processes of oxidation and disintegration, combined with a weakening of the inhibitory action of the nervous system in these phenomena, such as is present in all inflammaions and fevers

"2. A collapse of the constitutional powers, which characterizes the natural course of consumption. These two influences act on the patient, and according as one or the other predominates, is shaped the When they are course of the temperature. equally balanced, a chart hardly differing When collapse from the normal, results. prevails, subnormal temperatures appear, and, when inflammatory processes are in the ascendent, pyrexia shows itself."

This teaching is essentially different from that propagated in many text-books on practice, and that entertained generally by medical men. It contradicts the erroneous notion that the temperature rise in phthisis is commensurate with the extent of tubercularization.

Having a proper conception of the temperature changes attending the active deposit of tubercle in the lungs, or coincident with the primary changes in phthisis, let us examine whether these have the same cause as the febrile phenomena attending softening and extrusion of tubercular masses, during the later stages of the disease. the latter depend upon other conditions, is beyond dispute. There is now some absorption of septic matter and consequent irritative or hectic fever. Dr. Williams supports this view with observations upon many cases, but our common text-books fail to make this distinction.

We are now prepared to analyze to advantage the relation of pulmonary consumption to the climatology of the Rocky Mountain If the climate of this region, with the effects of elevation, tends to make the system more tolerant of tubercularization and to limit this process by any counter virtues it may possess, then, surely, improvement is to be hoped when patients seek this resort in the early stages of the disease. What do experience and observation teach? They tell us of almost invariable improvement and recovery at this time. Altitude contributes largely to this end. It is on these elevated plains and mountain slopes that a rarefied atmosphere and a diminished pressure effect atmospheric important changes in the breathing capacity of the lungs, which expand especially at the apices. This removes the susceptibility to apical 1. Excessive action of the processes by consolidation and impairment and effects a change sought to be attained by proper gym-observer only, nor are they confined to any nastics, when altitude is unavailable. Add special mountain region. They are sumto this effect of altitude the benefit of a dry soil and a sunny climate, which will admit of out-door life during nearly the whole year, and a combination of circumstances exists highly favorable to the arrest of phthisis in its early stages. Usually these conditions lead to a vigorous appetite, a desire for increased exercise, and ultimately to permanent recovery.

When hemorrhages or local congestions are imminent in this stage, then great care is needed as to the elevation sought. Too much altitude will lead to undue expansion of the lungs and increase these suscepti-Hence judgment is required in sending patients into the regions in question. This cannot be too strongly enforced. Some patients need an elevation of only two thousand feet, while others will do well at five thousand or six thousand. Any attending heart lesion must be duly regarded, as a damaged heart is often taxed in its functions as the elevation increases. It is best always in cases of phthisis complicated with heart disease, to proceed cautiously into elevated districts, directing the patient to low or medium altitudes at first. He may be able to ascend as improvement follows.

Before leaving this subject of altitude, it may be well to quote some observations and conclusions from Dr. Williams's treatise heretofore cited, relative to the effects of rarefied air and elevation upon phthisical patients. These are thus summarized in different parts of the work: "Hypertrophy, or more development of the healthy lung tissue, shown by the physical signs and increased respiratory power.

"In consequence of the above changes, there is expansion of the thorax, which increases in circumference at various levels from one to three inches, such increase being independent of any augmentation of fat or muscle, as it takes place in patients who are losing weight, and occasionally in bedridden ones

"The above thoracic expansion is always accompanied by diminution in the number of respirations, which become deeper, and precipitated. by a slowing of the pulse.

"Absorption of atmospheric oxygen by at the same time the carbonic acid formed activity, are questions which as yet, so far within the body passes outward through the as the writer's knowledge goes, have not pulmonary tissue into the air, which is been decided. Bacilli are found in the than at lower altitudes (Marcet)."

These observations are not by one resorted, as in some of the older and larger

mations from the best authorities and confirm the general tone of this paper.

Lastly, the aseptic quality of the atmosphere in much of the region designated is another important factor in the treatment of consumption by climate. It has been stated that in the stage of softening and extrusion of tubercular masses from the lungs the accompanying fever is due largely to blood poisoning. But sepsis is set up only in the presence of germs that float in the surrounding air. Where these germs do not exist, septic processes should be absent. This is, indeed, the case in the Rocky Mountain districts, as many observations show. There are many localities in which meats will not putrefy for many days even during midsummer, and when they do undergo changes, they are those of mummification rather than of putrefaction. Wounds rarely take on an unhealthy condition. During the year, the writer treated a number of gun-shot injuries, without meeting with a single instance in which there were any signs of sepsis whatever. Often persons far removed from a physician, in filthy camps or in other extremely unhygienic surroundings, will go days and weeks with severe injuries to the tissues, without developing blood poisoning. This insusceptibility to putrid and septic changes must be due to the aseptic quality of the air. And what direct bearing has this fact upon the con-sumptive? Evidently in such an atmosphere he should be in little danger of hectic fever in the later stages of his disease. And this is a confirmed fact. It is true the physician may be misled with cases sent here in a very late stage, as in these, as a rule, when there are cavities and solidified areas, softening sets in so rapidly and tissue changes go on so extensively that there is complete overwhelming of the system. While touching upon this point, it cannot be made too emphatic that it is very injudicious for consumptives to resort to most mountain climates late in the progress of the disease, as the final catastrophe is generally

Whether bacteria are absent from the air in these regions, or only exist under condithe blood takes place more readily, while tions inimical to their development and breathed with a greater degree of facility sputa of consumptives here as elsewhere. Where many phthisical patients have long any

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cities, an honest expression of the profession would no doubt favor the idea that the climate has lost its virtues. This may be due to impregnation of the soil, houses, and the atmosphere with germs, or to the fact that the comforts and confinement of city life are unfavorable to the disease. Much of the Rocky Mountain region being new or almost uninhabitated, new health resorts with accommodations for invalids continually springing into existence, the physician is left to exercise his judgment and preference where to send his patient.

During the writer's residence here he has met and had under treatment a large number of phthisical patients who had already tried the Pacific coast for relief. change from the moist atmosphere to this dry climate was almost invariably attended with great relief to the attending catarrhal and bronchial disease, which in these subjects is quite noticeable and common. Even retirement from the coast to elevated districts failed in a number of cases to relieve the sufferer to the same extent he improved here. Hence it may be inferred that the slight humidity incident to many sections of this country can be always made available in the treatment of phthisis. A dry soil is usually associated with a dry atmoshere. By many authorities the former is held to be just as important as the latter.

The chief disadvantage to patients resorting to these elevated districts is that, after a period of residence, however great their improvement, they incur great risk of new and extensive outbreaks of the disease, in case they return to places nearly on the sealevel, or to a climate having a damp cold winter. The proper way to get the chief and lasting benefit of this climate is permanently to reside in it, if improvement follow one's advent. This fact has come to be pretty generally appreciated, and not a small percentage of the yearly immigration to Colorado, at least, is due to it.

The most common sense deductions to be drawn from what has been said so far are these:

t. There is something to be gained by the climatic treatment of pulmonary consumption.

2. The time to begin it is at the first outbreak or manifestation of the disease. In those families in which the disease is hereditary, resort to this region should be made even earlier.

3. After the disease has made considerable year. And now, January 26, h left him, the wound has healed the have been exhausted, do not then free from all pain and is happy.

cities, an honest expression of the profession advise the patient to seek a new climate with would no doubt favor the idea that the limate has lost its virtues. This may be mate recovery.

4. Physicians should always consider well the prognosis of the phthisis, when it is complicated with intercurrent trouble. A bad valvular lesion might of itself make the forecast of the disease unfavorable. So also certain organic affections of the liver and kidneys. It is not an unusual experience to meet with patients sent here for the benefit of their lungs, whom some intercurrent disease is sure to carry off.

In this shape we dismiss the present subject, hoping that what has been said will contribute something to the better selection of patients to be sent hither, and to the comprehension of the treatment of a disease which makes such fearful ravages upon the human family.

REMOVAL OF TWO-THIRDS OF A RIB.

BY J. A. MINICH, M.D., WORTHINGTON, IND.

John Hixon came to me in June, 1888, to consult me in regard to a tumor on his left side, which I found to contain pus. I lanced the abscess and it discharged about eight or This gave him some relief, but ten ounces. he returned again complaining of his side. I found crepitation in the rib at about its middle portion some distance from where I had lanced it, and with the probe I discovered the bone was diseased, but how extensively I did not know. He grew gradually worse and finally a troublesome cough also set in, and he could get no sleep or rest, and he became very much emaciated. I finally decided to remove as much of the rib as was diseased, which I did on January 7, 1889. I removed all of the sixth rib on the left side except about four inches next to the spine. It was so much diseased that it broke very easily in several places on remov-At one place beneath the rib there was about a teaspoonful of thick cheesy substance imbedded; this seemed to have no connection with the opening which had been discharging all summer and fall. tunately there was no opening through into the cavity of the pleura, and I succeeded in removing the rib without injury to the membrane.

The patient told me he had the best night's rest that night he had had for a year. And now, January 26, his cough has left him, the wound has healed, and he is free from all pain and is happy.

THE CONJUGAL STATE.

BY J. B. JOHNSON, M.D., WASHINGTON, D. C.

The experience of the world has long since declared that the union of one man and one woman in the association known as marriage, is the best possible relation for tion to make the most of an unpropitious the sexes to assume or maintain in order to attain the most happiness, as well as the greatest degree of welfare and comfort, that the natural relations of the sexes demand. That such does not always lead to success, and prove a blessing, by bringing as a reward, happiness, prosperity and congeniality, is a fact beyond contradiction; and the question, why it does not always lead to the fruition of the object of its institution, is answered by the fact, that the preliminary courtship which leads to it, is not conducted late, that there exists neither love nor conwith the same caution, judgment and frankness, which are brought to bear upon other tion is fully realized by both, the disapimportant transactions of life. Courtship, instead of being conducted in a frank, honest and sincere manner, is marked by a system of concealment, disingenuousness and deception which endeavors to hide the multitude of faults that marriage generally discloses.

Those who associate with each other for the purpose of marriage, should be sincere, and endeavor to ascertain each others likes and dislikes, habits, mode of life, thoughts and sentiments; for it is important for each donment of all their marital ties. Their of the parties to it to learn the opinions of the other upon every subject in common and each becomes cold toward the other. between them, in order to insure harmonious action when brought into such intimate relations as exist between man and wife. It is the studied concealment of the true character of each from the other, during courtship, that gives rise to injury to the marital state. After marriage, those traits of character which were so studiously concealed before the nuptial relations were established, are recklessly and unreservedly manifested; and thus often results in a want of congeniality and harmony of feeling, thoughts and sentiment. The husband does not find the recent sweetheart in the new wife, nor does the wife find her lover in the husband; and often before a month has passed, the want of congeniality, and their unfitness for a life-time association with each other, is brought home to them in a most unhappy and disastrous manner. .

exists between man and wife, patience must the duty of taking care of the babe of her take the place of affection, and forbearance bosom become a pleasure. A wife who

then discrimination and tact will make life not only bearable, but pleasant, and other ties may be formed which will bind the husband and wife in a firm, strong bond, such as they would at one time have deemed impracticable. Should husband or wife, or both, not possess this capacity, or disposimarriage, a worse condition of affairs is usually excited. The husband becomes cold and careless in his attentions, while the wife grows indifferent, and shuns, rather than invites, his caresses. This growing indifference toward each other soon degenerates into estrangement, and as soon as this occurs, there often arises in the hearts of the self-deceived husband and wife a feeling of absolute disgust toward the other; and they find, alas! when it is too geniality between them. When this condipointed husband, or it may be, the disappointed wife, sometimes looks abroad for that kindness and love which he or she expected from the other; and then the door is open for the temptation to conjugal infidelity. If the case goes on to extremities the husband seeks his affinity in another woman, while the wife gives her ear and smiles to some man who is polite and kind to her; and these associations soon produce a total and permanent disruption and abanmarriage bed has no attractions for either,

The negligence of the beau and sweetheart in failing to ascertain before marriage the habits and sentiments of each other, preparatory to the establishment of matrimonial relations, is the cause, not only of many unhappy marriages, but also of many divorces. A husband who loves his wife, will make any sacrifice for her, and the wife who loves her husband is willing to risk her life in the duty of trying to please him. Like a true woman, every effort of her mind and body is dedicated to his pleasure and welfare; and every act she performs toward him is but the offering of an unselfish love; and when she feels the product of conception, the offspring of a holy marriage-bed, fluttering within her womb, her love toward her husband grows stronger, and no wicked thought of destroying it ever enters her mind. Under the influence of such love, If, after marriage, a want of harmony the pains and suffering of maternity, and with each other's faults becomes a duty; does not feel this is a selfish woman, and is 1. lx

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true neither to herself, to her husband, nor not bring the electric current to bear; to her offspring. Her selfish conduct may hence it was not used. The line of managedrive her husband to sexual depravity, and force him to those necessities of evil which vice always imposes upon the transgressor. Every effort a married woman makes to prevent conception is sinful, and in direct violation of God's command: "Be fruitful and multiply;" and a conscientious physician cannot afford to compromise his manhood by lending his professional advice to an interruption of a normal operation of the laws of nature, in order to gratify immoral motives, or the caprice or the temporary inconvenience of the effects of procrea-

STRANGE EFFECT OF NERVOUS SHOCK.

BY J. C. MILNER, M.D., COMANCHE, TEXAS.

Allow me through your valuable journal

to report the following case:

J. W., five years old, was burned when six months old on the right side of his face, the burn destroying the orbicularis palpebrarum. Cicatricial eversion of upper and lower lids followed, exposing the eye ball and a large area of epithelial tissue. The sight of the eye up to the time I now

speak of remained good.

Some time in November last, the child, with his mother, was on a visit in the country, and in playing became fastened under the floor of an out-building. discovered by his mother he was so impacted that it was necessary to dig him out. mother reports the observance of nothing unusual except that the child cried, and finally sobbed himself to sleep. On the following day the child refused food. He did not appear to be sick, but had lost his usual energy and refused food altogether. The next day the mother, fearing he would be sick, returned home with him. Under the expectation of going home, he was induced to eat a small piece of bread, with sugar upon it.

About ten days after the fright, I was called in to see the boy. The father said that "Jimie had lost ten pounds in the last ten days." I found the patient greatly

much as one ounce since his fright.

I diagnosticated the case to be one of system from the poison? A correct solution manition, caused by nervous shock. I could would be appreciated.

ment consisted in sponge baths with warm water, in which were put soda and mustard, with nerve tonics, peptonized food, fruit, etc.—all of which had to be forced upon him. This continued for ten or twelve days, during which time I was satisfied the system was consuming by absorption and thus producing a state of blood poison, which I expected to end in death. The first indication of blood poison (if my theory be correct) manifested itself ten days after I first saw the case, and twenty-one or twenty-two after the fright, in a nervous rigor, lasting about one hour, followed by rise in temperature to 103° or 104° and loss of muscular power, with mental disturbance and prostration upon the bed. This condition was met with antipyretics and antiseptics. The patient now resisted swallowing everything offered either in the shape of liquids, food, or medicine. A wretched and aggravating cough now set up. We met that as best we could with a flannel jacket saturated with mutton tallow over which was sprinkled powdered capsicum mixed with sulphate of quinine, and adjusted closely to the surface Cod liver oil was freely of the chest. rubbed on the remaining part of the body. For three more weeks the little fellow continued in this condition, refusing all manner of food and drink except as it was forced upon him. When food was swallowed, it was only to undergo fermentation in the stomach, and to be passed off with the odor of sulphuretted hydrogen. During this time a corneal ulcer formed in the eye which had been burned, completely destroying the sight. Abscesses formed also over different parts of the body.

After about five weeks from the time of the fright, though every day for the last two of the five I expected death to end the scene, the system again rallied and small teaspoonful doses of some kind of nourishment could be taken. No medicine was given except a few drops of a hypnotic as required, to procure sleep; but gradually the desire for food returned, and the powers of digestion were restored, until now, eight weeks after the child received the fright, he is beginning to walk a little over the floor, holding on to articles of furniture. Am I emaciated, without fever, refusing to lie in correct in my diagnosis? Was I correct in bed, his bowels and kidneys acting, but he assuming a blood poison by absorption? If rejecting food totally, having eaten not as so, how was the system sustained, and what were the eliminating forces that freed the

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, January 23, 1889.

The President, W. W. KEEN, M.D., in the chair.

Dr. Mordecai Price read a paper on

Amputations of Thigh and Leg.1

Dr. L. K. BALDWIN, in opening the discussion, said: I have been much interested in the remarks of Dr. Price, partly because a gentleman called at my office this afternoon and asked me to look at an abrasion on the stump of an amputated limb. amputation had been performed at the junction of the middle and lower third. It was just such a stump as I thought that he ought not to have had. The operation was performed ten or twelve years ago, and although he has worn a number of legs, the stump is always getting rubbed. The remarks of Dr. Price in regard to amputations near the joint are very good. There is no one more capable of speaking upon this subject than Dr. Price himself, for there is nothing like practical experience. His remarks are worthy of all consideration, and it would be well if they were followed out.

DR. JAMES COLLINS: I have listened with a great deal of earnestness to the remarks of Dr. Price on this question. He comes rich in that experience of suffering that makes men wise. I therefore attach great weight to his words. I could, however, but think that while the doctor is entirely right in his opinions, he may have forgotten the lectures given at the time he graduated. I have heard the professor of surgery say, and have seen him demonstrate, that the point of election for amputation of the leg was three fingers' space below the tubercle of the tibia. I think it well to mention this, and while I admit the great advances which have been made in surgery, yet, I think, that we should not cut entirely loose from all that has been done in the past. With reference to what has been said in regard to long stumps, I think that the surgeons of twenty years ago were deluded by the promises of the artificial-limb makers. The artificial-limb makers made demonstrations before classes in surgery, and led the surgeons to believe that if they had a certain form of stump they could apply the

limbs better. They described their wonderful limbs that could almost walk without a man attached to them, and thus to a certain extent deceived the surgeon.

DR. O. H. ALLIS: I would ask Dr. Price if in a case of injury to the foot, he would take off the limb say at the tarsometatarsal joint, or go to the point of election below the knee?

DR. M. PRICE: I should prefer to operate at the point of election. I think that even in an injury which would require amputation of the great toe, the patient would be more comfortable and walk better if the limb were taken off below the knee, although I do not say that I should do it.

DR. H. R. WHARTON: I agree very thoroughly with Dr. Price as to the necessity of securing a good stump, and as to the point of election in amputations through the leg. I have for some time made it a rule not to make any amputation near the anklejoint, preferring to go some distance above, if I have to go above the ankle.

I, however, disagree with him in regard to the discomfort which a patient suffers with a Syme or a Pirogoff amputation. I have seen such patients get along very well, and walk with comfort. I also disagree with Dr. Price in regard to knee-joint amputations. I, of course, refer to amputation through the joint, the condyles being saved and the patella being left. I have seen these patients apparently walk with comfort and have a good stump. Where the amoutation is one at the knee-joint, a portion of the condyles being sawed off and the patella removed, a square stump is secured which can be well covered. I have seen a number of cases of this operation, and in these the patients had good stumps.

I think that the main element of a good stump is a movable covering, the skin being perfectly movable over the bone. If the skin is bound down and is subjected to pressure, the patient will suffer from constant irritation, and will be apt to exhibit some of the forms of mechanical ulceration seen in stumps.

I agree in regard to the uselessness of trying to save too much time in amputations.

DR. JOHN B. DEAVER: In the large number of amputations I do in the hospitals of Philadelphia, I never do a Syme, but I do a Pirogoff and a Chopart. We often have to be governed by the wishes of the patient. I have had cases where I advised an amputation of the leg in order to render the use of an artificial limb easier, but where

¹ See REPORTER, Feb. 2, p. 135.

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possible of the limb should be saved. A Pirogoff does well. It answers better for a working man than for one under better circumstances. Osteoplastic resection of the foot gives the patient an almost useless limb. Yet it is a very nice and a very difficult It has been performed only twice in this city, once by Dr. Hopkins, and once by Dr. F. H. Gross, at the German Hospital. The patient of Dr. Gross is still in the hospital. He is able to get around, but I do not think that he will be able to do hard work.

In amputations through the knee-joint I think that it is important to leave the patella, which serves partly to carry out the theory of Dr. Price of leaving a plane sur-When the patella is removed there are left two irregularities caused by the condyles. We must here be careful not to divide the ligamentum patellæ. If that is divided the action of the quadriceps causes retraction of the patella. I have, however, seen retraction in cases where attention was paid to this point. In such cases it would be better to do the amputation at the knee. This, of course, opens up the medulla, and exposes the patient to the dangers of septicæmia, but with antiseptic surgery I think that the risk would not be increased.

Dr. J. Price: Attention has been called to the locomotion of persons wearing artificial limbs. Dr. Price has not said very much about his own locomotion. He is very fond of using the gun, and I have often hunted with him from morning until evening, and can speak of the tolerance of a good stump and a good artificial limb. In his own case he has wonderful tolerance for prolonged walking and climbing.

I have watched many cases of amputation where the operation was performed years ago. One case, operated on by Dr. John Mitchell, I see sometimes with one crutch and sometimes with a crutch and a cane. In none of these cases is the locomotion good. The amputations were made at the points criticized this evening.

Dr. A. Hewson, Jr.: The only point which I have to offer is in regard to Pirogoff amputations. It has been suggested that no artificial appliance could be employed in these cases that would look well. In several of these operations, done by my father, I have seen a shoe so well applied to the

the patient has insisted that as much as of the foot, i. e., extending from the heel toward the toe, so that when the heel was put to the ground there was not that sagging in of the shoe as occurs when simply a filled shoe is worn.

Dr. O. H. Allis: My own feeling is that where amputation is very low down near the ankle-joint, the limb is used almost as a crutch, whereas if the amputation is a little below the knee, the instrument maker can make so good an ankle-joint that the wearer can walk on any declivity almost as well as with the natural limb. When you try to piece out an ankle, the part cannot be used as a foot, but is more like a crutch.

DR. FRANK WOODBURY: I should like to say a word in regard to a class of cases to which reference has not yet been made, that is, to amputation for disease, and particularly tuberculous disease of the joints. I would refer to a series of observations made by Ogille, in which it is stated that the prognosis of tuberculosis of the lungs is improved by an amputation, and that the larger the portion of the body removed, the better chance there is for the entire recovery of the patient. It seems that in certain cases of phthisis the nutritive powers are not sufficient to maintain the nutrition of the entire body, so if we can remove say oneeighth, or a larger portion of the body, the digestive function and the blood-making function are more than sufficient for the remainder of the body, and the nutrition is therefore improved.

This is directly to the point of operating in cases of joint tuberculosis, and also in the direction of the paper, that we should not endeavor to save all the tissue that is avail-

DR. M. PRICE: I agree with the statement of Dr. Allis that such appliances are just like crutches. A man with a well-made foot can readily go up stairs giving a little spring with the sound foot. I was able to play base-ball, foot-ball, and the like, and was at school for a long time before it was known that I had an artificial limb to any one with the exception of my room-mate.

In regard to Dr. Collins's statement as to the teaching when I was a student, Dr. Smith, who was at that time professor of surgery, was one of the most conservative of men. His statement was that we have to consider what we are doing in amputating, and consider the influence upon the man stump that it was almost impossible to tell himself. As many of these patients are led that the man had an artificial foot. The into bad habits of dissipation by being difficulty was overcome by a large spring invited to drink by every one they meet, it being put in the place occupied by the ball might, in these cases, be better to amputate around the throat. I am not surprised that Dr. Collins has called attention to the fact that Dr. Smith amputated three finger's breadth below the tubercle of the tibia. Dr. Smith had been in the war, and had seen much to show him the usefulness of a

proper-length stump.

If I were going to amputate near the knee, I would operate below the joint, giving the patient a knee-bearing leg, with the patella and all its attachments in place. As soon as you amputate the leg, retraction takes place. It is one of the secrets of treating a man with amputation to keep the stump straight. If the limb is left lying loosely on a pillow, there will be retraction of the muscles. Now and then I have to wear a peg, and it is then two or three days before I can straighten the leg. I would not suggest an amputation that opens the kneejoint. Where the operation suggested cannot be done, I would amputate at the junction of the lower and middle third of the thigh, and thus the knee-joint could be brought in the proper position.

In the case of workingmen who have passed that period in life when there is no chance of advancement, I have no objection to a Chopart, or any other amputation that will give the man a limb that he can walk upon. I am speaking of amputations that will give the man the same appearance that he originally had. I think we err in discussing the question of what ought or ought not to be done with the patient. We are there as his adviser, and it is our business to do the best for the patient. I say to him, such and such should be done. If he says that he will not have it, I decline to treat him.

-Dr. John Marshall, whose address is Chemical Laboratory of the Medical Department of the University of Pennsylvania, is engaged in examining the matters vomited or obtained by lavage in cases of supposed cancer of the stomach, and also of the blood in cases of sarcoma and carcinoma. Any physicians who have such cases, are requested to send the specimens of the vomit and of the blood (the last especially from an operation) to Dr. Marshall, at the above address, as soon as possible after obtaining them. A small quantity of ordinary ether should be added to the specimens before sending them to Dr. Marshall, so as to prevent decomposition. A statement of the nature of the case, and the results of any microscopical examination, together with the name and address, should accompany the specimen.

REPORTS OF CLINICS.

PHILADELPHIA HOSPITAL, JAN. 23.

CLINIC UPON DISEASES OF CHILDREN AND
OBSTETRICS—DR. PARVIN.

Facial Paralysis of the New-Born.

I present to you an infant delivered six days ago. You observe that one side of the face is paralyzed, this paralysis manifesting itself if the child cries or sucks. An injury was done the right facial nerve by the blade of the forceps upon that side on which the palsy is now found, for in consequence of narrowing of the pelvic outlet-the pelvis was kyphotic-it was necessary to end the labor instrumentally. This accident is by no means a rare one following the use of the forceps. Yet it may occur, but very seldom, though the delivery is spontaneous. Still more, there may be the same paralysis in consequence of an intra-cranial lesion, but when this exists other parts are paralyzed also, and not merely the external parts; thus you will then find, for example, that the loss of power involves the veil of the palate.

In the variety of what is called obstetric paralysis here presented, the prognosis is favorable, while in that just referred to, it is the opposite. Almost all cases, scarcely an exception is ever seen, of facial paralysis from the forceps, recover, and usually within a few days. Therefore there is no indication for any treatment. But if by exception the paralysis should continue for a month or six weeks, the use of electricity

would be indicated.

Cephalohæmatoma.

I showed you a week since this child suffering with a hæmatoma situated upon the right parietal bone, and then called your attention to the means by which you distinguished such a tumor from the caput succedaneum, or sero-sanguineous effusion occupying the presenting part of the child, which is so common a condition observed in the new-born that it may almost be regarded as physiological. But this is a rarer condition, occurring not oftener probably than once in 200 cases. Let me direct your attention to the bony margin lifted up, and so distinctly felt around the base of the tumor: this is one of the distinguishing marks of a cephalohæmatoma. It is po ble such a tumor might for a moment be

confounded with a cerebral hernia; but such hernia would increase when the child cries, it might be partially reduced, pressure on it would cause nervous accidents, and possibly the opening in the skull through which the hernia escaped could be

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The rule is that such a tumor disappears in a few weeks whether anything or nothing is done, and therefore no active treatment is indicated. Very rarely suppuration occurs, and then of course the abscess must be opened, proper antiseptic precautions being used.

Jaundice in the New-Born.

I present you three infants with jaundice, that which is sometimes called physiological jaundice to distinguish it from a graver form usually associated with septic infection. This generally manifests itself three or four days after birth, and spontaneously disappears in a week or ten days. The most important points in the care of an infant affected by physiological jaundice are to see that the child has its daily bath, and that regular evacuations from the bowels are secured, calcined magnesia, for example, being given, if any medicine is necessary.

Changes in the Areola and in the Nipple caused by Pregnancy. Care of the Nipples in Pregnant Women.

You are all familiar with the fact that important, and in some cases distinctly characteristic, changes occur in the areola surrounding the nipple as a consequence of pregnancy, such as the swollen or puffed condition of this part, its becoming notably darker, and the greatly increased size of the glands opening upon its surface, glands which notwithstanding the differing statements of observers are most probably miniature mammary glands, and are commonly known by the name of Montgomery, a distinguished Dublin obstetrician many years dead, who very carefully observed and described the changes in them consequent upon pregnancy: my belief, however, is that they were first called after Morgagni. 8th month of pregnancy, and you see there is not the slightest darkening of the areola, and no enlargement of the glands opening upon its surface. You usually get no information in regard to pregnancy worth having if you examine the mammary areola in a blonde, or in a woman with red hair, or,

confounded with a cerebral hernia; but conclude that pregnancy is improbable, and such hernia would increase when the child thus be led astray.

The other women are presented that you may see in one the normal form and size of the nipple, and in the other a small and retracted nipple. And this leads me to say a word in regard to the care of the nipples in pregnancy, especially important if the woman be a primigravida. It is all-important if the mother is to suckle her child, that the nipple shall have a suitable form and size; a bad nipple may foretell fissures, abrasions, and ulceration, and consequent mammary inflammation and abscess. Now I believe very much may be done to educate, or educe a retracted nipple. Teach the woman by the use of the index finger and thumb to draw out the nipple, spending a few minutes two or three times a day in this process of education, for education it is in the etymological sense of the word. Let the woman too, wear a nipple shield of firm material that will not only prevent compression of the organ, but also secure for it ample room to grow outward. This treatment ought to be begun at least two months before the end of pregnancy.

Several years ago I lost faith in the prophylaxis of "sore nipples" commonly employed then, and commonly employed to-day, that is, by the application to them of alcoholic and astringent preparations. Nature meant the skin of the nipple to be pliable, and she also has protected it from the injurious effects of the fluids, contact with which it is normally subjected to, by an almost infinite number of fat glands. But the treatment mentioned hardens the skin, dissolves away the protective glandular secretion, and lessens the activity of the glands. Therefore I believe it to be utterly irrational, and I have seen no satisfactory results from its employment. It is wiser, I think, to keep the nipples clean by the occasional use of a little warm water, possibly soap sometimes employed with the water, and then only apply a little cocoa butter to them at night. Of course this treatment is not required until the latter part of preg-

Now, one of the women before you is in the 8th month of pregnancy, and you see there.

DERCUM.

and no enlargement of the glands opening upon its surface. You usually get no information in regard to pregnancy worth having if you examine the mammary areola in a blonde, or in a woman with red hair, or, finding it so free from changes, may hastily focal disease of the cord. It is by the study

of just such cases that we can best prepare It is almost invariably a prominent symptom ourselves for recognizing focal lesions of the and radiates along nerve-trunks having their cord, when no evidence of the same is origin at or below the level of the lesion. afforded by an examination of the spinal

Pott's Disease.

Let us take, for instance, the case of the woman before us. It is a simple case of Pott's disease. The body of the first lumbar vertebra and to a lesser extent the bodies of its immediate neighbors are badly necrosed, so much so, indeed, that the spinal column has, as you see, a sharp bend in this region. The angle formed is so small that it is impossible for the patient to lie upon the back, but she is forced to rest upon either side. You can readily see what must happen to the contents of the spinal canal at the point of flexion. The calibre of the spinal canal is so much diminished that the cord is compressed, and we have very much the same set of symptoms as those derived from a transverse section of the cord in an animal or in a man whose spinal cord has been compressed by a tumor, or which has been cut across, it may be, by a bullet. Of course, there are certain differences, but they are matters of detail, and do not affect the general principles.

In the first place, we have, as you see, a paralysis of motion below the point of disease. I ask her to move her legs, and you see that she is powerless to do so. I next prick her limbs with a pin, and you observe that she gives no sign of pain. Repeating the test in various ways, you observe that she has lost all power of recognizing either touch or pain in the legs. Thus far we have established paralysis both of motion and sensation. In addition, we have, in this case, the added symptom of pain near the site of the disease. This pain is described by her as sharp and shooting, and radiates in a belt-like manner around her body. It is intense in character, and for a time was so severe that the patient was kept more or less under the influence of morphia. We must look for an explanation of its presence in the extreme distortion of the bodies of the vertebræ and the consequent compression of the nerves as they make their exit through the intervertebral foramina. Regarding the question of pain in focal diseases of the cord generally, for instance in tumors, I may say in passing that it may be absent or but slightly pronounced in growths having their origin in the substance of the cord, and is which I shall call attention. If you will especially marked where the lesion involves observe her very closely while I again test the membranes or the posterior nerve-roots. her for sensation you will notice that the

In studying our patient more closely, we become aware that the paralysis of sensation and motion does not begin at the level of the flexion of the spinal column, but some This is to be explained distance below it. by the oblique and descending course of the nerves in this region. Take, for instance, the ilio-hypogastric nerve. You will remember that it takes its origin from the first lumbar nerve, its fibres therefore gaining an exit from the spinal canal between the first and second lumbar vertebræ. You will remember further that it is ultimately distributed to the skin of the hypogastric region and the buttocks. In testing our patient carefully, we find that as we proceed downward from the region of the diseased vertebræ, the patient continues to recognize the touch of the finger or the pin-point until the buttocks are reached. Here her responses become uncertain, and finally cease altogether.

You see at once then that to make a successful diagnosis of the level of a given lesion you must be thoroughly familiar with the origin and course of the various nerve trunks, while you should also bear in mind that the point of spinal exit of a nerve by no means corresponds to its level of origin in the cord. In fact the latter is usually much above the former, the difference in level being more pronounced as we go from above downward. In the present instance, the actual level of origin of the first lumbar nerve, of which the ilio-inguinal is a branch, is just beneath the lamellæ of the eleventh dorsal vertebra; so that a lesion in the cord causing paralysis of this nerve would have to be sought for at this level instead of at the first lumbar vertebra.

Our patient presents in addition other symptoms which I prefer merely to mention, my object being rather to indicate general principles. You observe that her legs are in a condition of spastic contraction, and further that the muscles are much atrophied. These conditions are the result of degenerative changes in the segment end nerves below the seat of compression, as I may have further opportunity to point out. sphincters are also, as you would naturally expect in so complete a lesion of the cord, paralyzed.

But one more point of interest remains, to

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and this is probably to be explained by the fact that the spinal cord, being compressed from in front, the motor tracts suffer first and suffer most while the posterior tracts are compressed later and less effectually. The posterior tracts indeed suffer in such a case by transmitted pressure from in front. The surgical indication in such a case would therefore be-extension having been tried and proving useless-to remove the lamellæ and spines of the diseased vertebræ. In the patient before us, however, the pronounced character of the disease and the extensive secondary changes that have ensued would discountenance any such procedure.

Crossed Spinal Paralysis.

In the next case we have before us a middle aged man who, while in a condition of good health, was struck on the shoulders by a heavy bale of rags, the bale falling from the height of a third floor. The man was walking at the time. The blow caused him to sit down forcibly on the pavement while his thorax was forcibly flexed upon his abdomen. Strange to say, after recover-ing from a momentary shock, he got up and walked home, and for a number of months thereafter attended to his occupation, that of carpenter. It was not indeed until seven months after the accident that he began to have difficulty in walking. His condition at present is extremely interesting. asking him to move his legs as he sits in his rolling chair you observe that he moves his left leg quite readily while the right fails utterly to respond to the will. Testing him now for sensation you notice at once that he responds instantly when the paralyzed leg is touched and fails to recognize any impression on the leg in which motion is still preserved. In other words we have paralysis of motion on one side with paralysis of sensation upon the opposite side. We have here then exactly the same condition as we would find in an animal in which a hemi-section of the cord had been made. A tumor compressing one-half the cord would of course produce a similar set of symptoms. The seat of the growth would then be determined by the level of the anæsthesia plus the point of origin in the cord of the nerve fibres supplying the area above and below this level. Pains radiating around and down one side would probably, as in the present case, be an additional symptom.

It is hardly necessary to relate to you the

latter is not as absolutely lost as is motion; | decussate in the anterior pyramids of the medulla, while the sensory fibres decussate along the entire length of the cord. Let us see how they were interfered with in the present case. On carefully examining the patient we find that the spines of the twelfth dorsal and first lumbar vertebræ are markedly deflected to the right, and it therefore appears that the bodies of these vertebræ underwent gradual softening after the accident, and that a lateral displacement finally resulted.

If I have succeeded merely in impressing you with the general method of examination for localized diseases of the cord, and in that term I include also the membranes, my object has been accomplished. One very important group of symptoms, however, I have not even touched upon, as a full discussion is not permitted by the time at our command. I refer of course to the tendon phenomena and reflexes. However, the following rule with regard to them holds good: You all know that if the cord of an animal be cut, just as soon as the shock of the operation passes away, the tendon phenomena, e. g., the knee jerks, are increased. This of course also holds good in man. A division of the lateral tract by a bullet or by a tumor results in an increased knee jerki. e., other things equal. Long continuance of the lesion may result in the contracture and wasting and so, as in the case of the woman you saw, the reflexes may be abolished. You should also remember, that if the lesion be lower down in the cord, e.g., in the lumbar portion and termination, the end of the cord being destroyed the paralysis in the legs cannot be accompanied by reflex action, as there are no centres below the seat of lesion.

SURGICAL CLINIC-DR. M'CLELLAN.

Case of Dog-Bite.

Gentlemen: The first patient whom I shall show you this morning is a woman who received a few days since a very ugly bite from a dog, the injury involving the ala of the nose and the lower lip. There was no reason in this case to suppose that the animal was rabid: but I have known very troublesome results from similar injuries which were much less severe than those in the present case. It is well always to cleanse thoroughly a wound of this nature when it explanation of crossed spinal paralysis. You is first seen, and then to cauterize it. remember, doubtless, that the motor fibres Punctured wounds are bad things to deal

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with, owing to there always being a proba- mation may often be aborted by painting bility of inflammatory products being imprisoned; and when they occur from the teeth of animals they should, when it is feasible, be carefully sucked out before a caustic is applied. It is well also to administer a cathartic, to put the patient on light diet, and, when it is applicable, the wound should be treated antiseptically. In this case, as you see, such a course has been well rewarded.

Two Cases of Punctured Wound of the Scalp.

Here are several cases of punctured wounds of the scalp, from an examination of which you may gain some practical hints. The first was inflicted by a stick falling on the man's head; caries of the frontal bone resulted, and subsequently the dura mater became involved, and the operation of trephining had to be done to relieve distressing symptoms. The other man fell a week ago, striking his head against some sharp object. The wound healed quickly, but there is evidently fluctuation beneath the scalp tissues. I think, as a general rule, punctured wounds of the scalp should be converted into incised wounds, so that they may be cleansed of all foreign matter and washed out.

In both of these cases the damage done involved the entire scalp, and owing to the loose connection of the latter to the pericranium, if inflammation occurs and results in suppuration, pus will often burrow away from the site of the injury to some dependent position.

Case of Felon.

The next patient has had a felon. This is a most painful affection. It is not always easy to determine the cause, but most frequently felons occur from bruises in persons whose vocation subjects the fingers to much use in hot or cold water. There is very apt to be more or less injury to the deeper parts, and if the periosteum becomes involved the bone is often destroyed. The great pain is due to the blood-pressure on the nerves at the ends of the fingers. It is less severe if only the soft parts are concerned, as the swelling then becomes diffused; but when the trouble is with the tendon or periosteum the theca confines the fever, 14 cases and 2 deaths; scarlet fever pus to a very limited area, and the peculiar, intolerable, throbbing pain occurs. The treatment of felon consists in preventing hastening it. If it is tried early, the inflam- cases, one death.

the finger with strong iodine liniment, or with nitrate of silver, followed by strapping. This will cause a few moments' suffering, which will speedily diminish and disappear. If, however, suppuration has begun it should be encouraged by hot dressings, and when fully established the felon should be freely incised in the middle line over the tendon down to the bone. If you apply poultices, do so warily, and for a few hours, for they are a remedy almost as bad as the disease, if improperly used. 'I am sure I have seen numbers of fingers lost through over-poulticing by ignorant persons. From their excessive use the soft parts become macer-ated and boggy, and the pus finds easy inducement to travel toward the hand. After incision, a soothing mild dressing may be used, and, if you prefer it, one which is antiseptic.

General Lipomata.

Here is a man about forty years old, who is afflicted with a number of growths upon his back, neck, throat, arm, groin, and thigh, which upon examination feel doughy and lobulated. They are insensible to pressure and are evidently fatty tumors, or lipomata. They occur generally in parts exposed to friction and pressure, but it is rare to meet with a patient presenting so many of these tumors at the same time.

Epithelioma.

Here are two cases of epithelial cancer. The one on the lower lip has possibly been caused by smoking a clay pipe. removal before greater involvement of tissue occurs would certainly lessen suffering, and perhaps not be followed by a return of the growth. The other case, in which the epithelioma is on the anterior part of the neck, involves many great blood vessels and nerves on both sides, and is not amenable to operation. Fortunately the man is not now suffering.

—The number of cases of infectious diseases in New York City shows some diminution over that of a few weeks ago. For the two weeks ending Feb. 12, the following statement is furnished by the Sanitary Bureau of the Health Department: Typhoid 666 cases and 96 deaths; cerebro-spinal meningitis, 5 cases and 2 deaths; measles, suppuration, or if that is unavoidable, in cases and 40 deaths; diphtheria, 388 cases and 103 deaths; small-pox, no new lx

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PERISCOPE.

Recurrent Pneumothorax.

Dr. Samuel West, Assistant-Physician to St. Bartholomew's Hospital, refers to a most important and interesting case, published by Mr. Gabb, in which there had occurred three attacks of pneumothorax, with complete recovery. He says he had a similar case under his care at the beginning of this year at the Chest Hospital, Victoria The history of the case is as fol-

W. H. D., 22 years old, was admitted on January 3, 1888, into the Chest Hospital, Victoria Park, complaining of shortness of of December 23, on getting out of bed. The breathing was so short that he found it necessary to remain at home, though he did not lie in bed; and, as after some days it still continued short, he applied for admission into the hospital. He had not felt ill or suffered in any way except with the shortness of breath.

The patient was a healthy-looking young man, slightly built, but well-developed and muscular. There was no dyspnœa evident. The shape and movements of the chest were symmetrical, but the percussion note was tympanitic over the whole right side from the apex to the base, back and front. tympanitic resonance extended to the left edge of the sternum right down to the xyphoid cartilage, and the liver dulness did not rise above the seventh rib. The heart was displaced to the left, the apex beating under the left nipple. The vocal vibrations could be feebly felt and heard over the whole side, but the respiratory murmur was absent except at the base behind, where weak and distant amphoric breathing was audible. There was no bell sound or succussion. The lower edge of the liver could not be made out. The opposite lung was completely healthy, and the other organs seemed normal. The case was clearly one of pneumothorax without effusion, and in the process of resolution.

The subsequent history of the case is simple. The shortness of breath quickly disappeared. The patient looked and felt well, and gained flesh. The abnormal physical signs gradually vanished, and on February 6 the following note was taken: "The shape of the chest is symmetrical, the movements free, but, on deep inspiration,

the left side, especially in the axilla. liver dulness begins at the sixth rib in the nipple line. The cardiac dulness is of its normal size, and the apex in the proper place. The percussion note is still a little more resonant on the right side; the breath sounds are distinctly audible and vesicular in character over the whole side down to the base. In the mid-axillary region a little fine crepitation is heard, probably pleuritic, for it is in this place that the patient has complained of pain for the last few days."

The patient's previous history was good. He had had no serious illness except scarlet fever and measles, but he had been regarded as a rather delicate child, having been subbreath. The attack came on, he stated, ject to a cough on catching cold ever since without any apparent cause, on the morning an attack of bronchitis at the age of 3 years, but he lost his cough as he grew older. His father was living and well, but his mother died after a confinement. He had a brother and a sister, both strong; and he considered himself strong and active, and enjoyed athletic exercises.

Now comes the interesting part of his history. Last August, while walking quietly, he was suddenly seized with pain above the right clavicle, and felt a bubbling sensation in the right side. The breath at the same time became very short, and he had a rather violent cough—as he called it a "church-yard cough"—which he had not suffered from before the breath became short. He was able to keep at his work, however, but had to avoid all hurry and exertion for about a fortnight, when he appeared to get quite well. In the beginning of November, the morning after a game of football in which he was several times charged violently, he became again short of breath. The breathing continued short for about a month, but at the end of that time he found himself quite well again, and continued well until the present attack three weeks later. The two previous attacks were, he stated, all similar to the present

In the absence of direct evidence, there is a very strong probability that the previous attacks were, like the present, due to pneu-mothorax. The last attack was without doubt pneumothorax, but he came under observation rather by accident than of necessity, for it was not until he had had the dyspnœa for ten days that he presented himself at the hospital, and even then the dyspnœa was so slight that he grumbled at being kept in bed.

there seems to be a little more expansion on There are two facts about pneumothorax,

Dr. West remarks, which, though well portion of solid constituents in a normal established, are not generally known: that it is of not uncommon occurrence in the apparently healthy; and that it may develop in the latent insidious way it did in this case, and without the violent symptoms which frequently accompany it. The an aqueous column, or to 21.4 of a mercuinterest of this case and of that published rial one. In a rabbit's gland it is equal to by Mr. Gabb does not lie in their illustrating these points, but in the fact, which they establish, that a patient may have more than one attack of pneumothorax and recover completely. Dr. West says he does not see any reason why this should not be so, but he does not recollect any recorded case of the kind, so that Mr. Gabb's case is a very important contribution to the literature of the subject.—British Med. Journal, Jan. 12, 1889.

Biology of the Pancreas.

Dr. Polikarp D. Küvshinsky, of St. Petersburg, has published recently (St. Petersburg Inaugural Dissertation, 1888, pp. 56) a valuable contribution to the biology of the pancreas, based on a number of laborious and careful experiments on dogs with a permanent pancreatic fistula. The scientific chapter in question attracting as yet relatively little attention, the following short summary may be placed before the readers of the REPORTER. 1. The pancreatic secretion never ceases altogether, not even in sleeping or fasting animals. 2. It manifests, however, considerable variations in regard to its hourly and daily amount, as well as to its physical and chemical properties; and that not only in individual animals, but even in one and the same dog examined on various days, all other conditions being equal. 3 Given a healthy dog under normal conditions, some of the variations prove to be distinctly determined by taking food; some by mental, some by physical, state. 4. As to the influence of food, a daily course of the secretion is, generally speaking, this: As a rule, shortly after the meal the secretion increases until it reaches its primary maximum during the second half-hour, less frequently during the first half-hour; after a more or less short interval, it decreases fairly markedly to rise and sink slightly again and again, the secondary maxima being reached at about sponds generally to the size of the dose four-hour intervals after the meal. 5. An 14. Cocaine similarly manifests an inhibiaverage daily quantity of the juice in a non- tory action on the pancreas, which, howfasting animal, weighing about nineteen ever, on the whole, is less powerful and by kilogrammes, amounts to 335 cubic centi- far less prolonged as compared with mormetres (eleven fluid ounces). 6. The pro- phine.

pancreatic juice varies between 1.6 and 7.7 per cent., gradually rising to its highest point about seven hours after taking food. 7. The "secretory pressure" in a dog's pancreas amounts to 280 milligrammes of from 219 to 225 (Heidenhain). It is probable that in man, too, the pancreatic tension is nearly as low. Since a catarrhal condition of the duodenum in dogs and rabbits seriously interferes with the escape of the juice into the bowel, we may safely assume that duodenal catarrh in human beings must similarly give rise to a more or less complete cessation of the juice's flow. 8. The secretion is most distinctly influenced by psychical agents. In a dog, kept fasting for twenty-four hours and then excited by having food placed before it, a considerable increase in the secretion takes place, fairly rapidly. The juice secreted contains a relatively low proportion of solids (3.5 per cent.), but still possesses a normally energetic digestive action. 9. Hence, we are justified in assuming that in man, too, appetite plays an important part as a stimulant for the secretion and, consequently, as a powerful promoter of digestion and assimilation. 10. During sleep the secretion gradually sinks to a fairly low level, the fall going on synchronously with deepening sleep; while on awakening the secretion gradually increases. 11. Alcohol in a diluted form and in moderate doses, is a powerful stimulant to the pancreas, since it rapidly causes a very considerable and fairly prolonged increase in the amount of the juice, which acts energetically. This increase lasts twenty-four hours. 12. Hence, the internal administration of spirits before and during meals can be actually beneficial in anæmic and weakened persons, convalescents, etc. 13. Morphine, however used-hypodermically or internally—is a powerful pancreatic depressor, since it in two minutes inhibits, and subsequently, in thirty to twenty minutes, completely arrests the secretion for from one to three hours, the effects being very pronounced even after small doses (e. g., one-tenth of a grain to a dog of 21.5 kilo-The effect corregrammes in weight.

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Anal Fissure.

In the Med. Record, Jan. 26, 1889, Dr. L. Bolton Bangs communicates an account of a case in which he believes a more or less permanent stricture of the urethra was due to reflex action of the spinal cord from an irritation at the anus.

The patient was forty-one years old, a painter by trade. Twenty years ago he had syphilis, followed by secondary symptoms, but for many years subsequently he had no evidence of it whatever. For several years he had been subject to attacks of painter's colic, and at such times the associated constipation was very obstinate. About six years ago he began to have indescribable sensations in the region of his bladder, and pain during urination, but he had never had any urethritis or disease of the urethra or bladder to which these sensations could be attributed. About two years ago he acquired a specific urethritis which lasted acutely some weeks; then became chronic, and finally terminated at the end of six months. About eighteen months ago he had an attack of painter's colic, accompanied with constipation, and then experienced intense pain in the rectum, which was most marked after defecation, This pain became constant, gradually increased to extreme intensity, and he suffered from it, both after and before a stool. With this pain in the rectum, he had a gradually increasing difficulty of urination, the urine passing in a small stream, and at times only in drops, accompanied with pain in the penis and in the pelvis generally.

At length the difficulty of expelling the urine became such that his physician was compelled to resort to the use of the catheter, in order to relieve the bladder of a certain amount of urine which was retained. For the two months preceding his coming under Dr. Bangs's observation his troubles, both as regards the pain in the rectum and the dysuria, increased so greatly that the use of the catheter was continuous, and the latter finally set up a mild form of urethritis, which aggravated his symptoms. The pain referred to the rectum and to the bladder became so severe that he was obliged to resort to hypodermic injections of morphia. When Dr. Bangs first saw him, the man was anamic, weak, and in constant pain, unable to empty his bladder without the use of the catheter, and under the necessity of being constantly under the influence of morphia. He was unable to discriminate between the

Spasmodic Urethral Stricture from He was tormented with frequent desire to urinate, and although he could expel some urine with great straining, the feeling that his bladder was not emptied was so intense that he could hardly be restrained from passing his catheter, which he always carried in his pocket for the purpose. His meatus urinarius admitted a 32 French bougie à boule. At four and three-fourths inches was a stricture of 26 French. A solid sound of the latter size (26 French), after being obstructed for a few seconds at the membranous urethra, slipped into the bladder. On withdrawing, it was strongly held by the urethra, which alternately relaxed and contracted upon the instrument until the latter was free in the penile portion. There was evidently a spasmodic condition of which there could be no doubt. It is true, Dr. Bangs remarks, that such a condition in the deep urethra might be due to a stricture of large calibre in the penile portion, and if it had been nearer to the meatus he would have paid more attention to it; but inasmuch as the patient complained so greatly of the pain in the rectum, he thought that perhaps the secret of the trouble might be found in or about the latter. On exposing the anus it was found to be violently con-The anal region was very sensitive and it was only with great difficulty that the patient could be induced to relax the sphincters sufficiently to enable Dr. Bangs to find that he had three bluish-red exceedingly painful fissures of the anus. This seemed a good opportunity to test the question of cause and effect by observing the result of treating the anus alone. Accordingly the patient was etherized, and the sphincter-muscles were paralyzed digitally. Nothing whatever was done to the urethra, and the catheter was taken away. This was on June 7. On the 9th it was recorded: "The patient passed urine and fæces spontaneously, and with much less pain, being but slight during urination and not nearly as great after defecation."

From this time on improvement was progressive. There was none of the spasmodic straining to empty the bladder, there was no retention of urine, and the urethritis gradu-ally subsided. Ten days later, a sound as large as could be insinuated through the stricture at four and three-quarters inches, namely, 30 French, was easily passed into the bladder, without any resistance and without any spasmodic contraction about the instrument upon its withdrawal.

On June 26 the patient was discharged pain in his bladder and that in his rectum. from the hospital cured. Dr. Bangs states that for the past six months he has been intermittently under observation. He has been treated for "painter's colic," and has had none of the obstinate constipation, no pain in his rectum, and no trouble whatever with his urethra or bladder.

Intubation with an Ordinary Rubber Tube.

Dr. Geo. O. Williams says, in the Med. Record, Jan. 26, 1889, that quite a number of patients die of diphtheria in consequence of the obstruction to respiration caused by the closure of the fauces from tumefaction of the tonsils and uvula, the larynx at the same time being intact. The majority of those who die within the first forty-eight hours die in this way. He then refers to a case of this character. The disease had existed forty hours. The child was eleven years old. The fauces and soft palate were covered with exudation. The throat was closed. Respiration very labored. Constant restlessness had been present for thirty-six hours. All the indications of slow suffocation were present. The child was informed of what it was desired to accomplish, and his promise to assist as

much as possible was secured. A soft rubber tube was then passed beyond the obstruction, and its extremity left just at the larynx. The boy nodded his head to indicate that it gave him relief and was in proper position. Within three minutes he dropped into a motionless slumber of absolute rest. The distressing breathing was instantly relieved. The sleep continued an hour. At the end of that time a little mucus obstructed the tube, and he awoke and pulled the tube from its place. It was immediately replaced. The tube extended six inches from the mouth. An attendant constantly supported this extremity. An ink mark on it, on a line with the teeth, designated the proper distance for introduction. After a few hours the care of the tube was intrusted to the friends. It was maintained in use for seventy hours. It was removed for cleansing, and for nutrition and medication at proper intervals. At the end of that time the subsidence of the tumefaction permitted its discontinuance. The tube measured seven-eighths of an inch, outside measure. No complication occurred in the case and a good recovery followed. He says he does not recall any published account of such a procedure in diphtheritic cases, but thinks it likely, from

have been in use by others.

Inoculation with Tuberculosis by way of the Skin.

Von Lesser states in the Deutsche med. Wochenschrift, No. 29, 1888, that a woman 48 years old, who had been previously always healthy, had frequently washed the clothing of her husband who died of general miliary tuberculosis. In this patient a tumor the size of a cherry was found on the lowermost part of the volar surface of the right arm. The tumor proved on extirpation to consist of an alveolar structure with giant cells and central caseation; ascending from it caseous infiltrated streaks of tissue could be traced upward on the skin. Microscopically the skin appeared unchanged; only in the deep layers around the bases of the sweat glands there was great infiltration of cells. On the eighth day after extirpation of the tumor a tuberculous paronychia developed on the left ring-finger, which healed after being scraped.

Von Lesser regards it as probable that in this case the tumor developed through penetration of the virus by way of the sweat glands. The skin was intact as far as could be discovered by microscopic examination, and for the virus to cling to it under such circumstances seems to the author to require, next to hereditary taint, long maceration of the skin in a fluid containing the tuberculous poison. - Centralblatt f. d. med. Wissenschaften, Dec. 15, 1888.

Naphthalin Rash.

In the Moscow bi-weekly Meditzinskoit Obozrenië, No. 16, 1888, p. 316, Dr. S. Prëobrajensky communicates an interesting case which tends to upset the common opinion that naphthalin, when administered internally, produces no accessory symptoms, since it is not absorbed by the gastro-intestinal mucous membrane. A boy, 16 years old, suffering with obstinate diarrhœa, took sixty grains of the drug in the course of forty-eight hours. By the end of this time diarrhœa ceased, but the patient's whole body, except the face and neck, became covered with a slightly itching, profuse rash, in the shape of fairly regular, circular, slightly prominent, brown-red patches one-half centimetre in diameter. After other two ten-grain doses, the face and neck became similarly studded. When naphthalin was discontinued the rash gradually disappeared, to be followed about the fifth day by a free its simplicity and efficiency, that it must desquamation. The temperature remained normal throughout.

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Slight Aortic Insufficiency. Some instructive experiments on artificially induced aortic murmurs were published some months ago by Dr. Timofejew (Berlin klin. Wochenschrift, Nos. 24 and 25, 1888), in which he showed that a very slight aortic insufficiency may exist without producing a diastolic murmur, but that in such cases a distinct accentuation of the second sound can then be heard; he also found that with greater but still slight insufficiency, though a murmur is produced, this can be made to cease by diminution of the blood pressure, either by venesection or by section These experimental of the spinal cord. observations are in full accord with the wellknown clinical fact that an aortic bruit is sometimes temporarily much less pronounced than usual, and may even occasionally disappear. An interesting paper has just been published by Professor Carl Dehio, of Dorpat (St. Petersburg med. Wochenschrift, No. 50, 1888), in which he gives the details of a case which illustrates this variability of some aortic bruits very well. The patient was a student who had suffered from syphilis. At times he experienced severe pain in the region of the heart, accompanied by dyspnœa, headache, giddiness, and faintness. He had consulted several physicians, some of whom had detected a murmur, while others had declared there was none. Professor Dehio found at first, while the patient was sitting, merely some accentuation of the second sound, but as soon as he stood up, a blowing murmur was audible over the whole of the body of the sternum synchronous with the second sound, and prolonged to the end of the diastole. After a time, this became less and less perceptible, and finally vanished, but, on the patient moving or working his arms about, it reappeared. Tracings taken with a Dudgeon's sphygmograph showed that while the patient was in a recumbent posture, there being no murmur, the pulse, which was beating 80 per minute, was of a normal but weak character, with a slight distension wave and a low blood pressure, the secondary waves being only just perceptible. On standing up, the beats increased to 88 per minute, the bruit becoming then audible, the tracing assumed the character frequently observed in cases of neurotic cardiac palpitation, the pulse wave being higher, but falling rapidly, and the secondary and tertiary waves being well marked. After con-

as high as when the patient was lying down, and it fell very quickly, being in fact the typical pulsus celer. It is seen that the bruit was dependent on the initial blood pressure due to the force of the contraction of the left ventricle, rather than on the mean intraarterial pressure, which was probably not increased, since, according to the researches of Riegel and of Wetzel, there is no increase in the mean pressure, where the secondary waves become more pronounced. It is evident from the tracings that whenever the primary wave increased, the secondary waves increased also; and thus that, while when the patient was in a recumbent posture, there was but a gentle backward stream through the defective valves, yet, upon a slight amount of exertion, the velocity of this stream was greatly increased, and thus became capable of producing a murmur. This difference between a gentle and a rapid stream can be easily illustrated by compressing an india-rubber tube through which water from a cistern is flowing, when the murmur, which can both be heard and felt, is readily found to depend on the velocity of the water. Dr. Dehio remarks that he cannot well have mistaken a murmur of hæmic origin for a slight aortic insufficiency in this case, for the whole history, the dilatation of the heart, the occasional whistling character of the murmur, and the serious subjective sensations of pain and palpitation all point to organic mischief. Again, the insufficiency must, he thinks, be of slight extent, as the dilatation of the left ventricle was but very moderate, and as Duroziez's double bruit was not audible in the femoral arteries. -Lancet, Jan. 19, 1889.

Case of Sebaceous Cyst of the Groin.

At a meeting of the Brooklyn Surgical Society, March 15, 1888, Dr. Rockwell presented a photograph of a case taken at the moment of operation, with the following history:

weak character, with a slight distension wave and a low blood pressure, the secondary waves being only just perceptible. On standing up, the beats increased to 88 per minute, the bruit becoming then audible, the tracing assumed the character frequently observed in cases of neurotic cardiac palpitation, the pulse wave being higher, but falling rapidly, and the secondary and tertiary waves being well marked. After considerable exertion, when the bruit was louder still, the beats being, however, only 76 per minute, the distension wave was three times

readily be passed under the tumor and into larynx; the membranes were not very the inguinal canal, outside of the tumor's wall. It was flat on percussion, and gave the impression of containing fluid or colloid material. A diagnosis of cyst was made, and, on opening the tumor at the time of operation, it was found to contain about half a pint of fluid rendered semi-solid by the presence of enormous quantities of cholesterin crystals, though little if any true sebaceous matter was found. It was probably a sebaceous cyst modified by location and pressure to its peculiar shape. The sac was dissected out, and the patient rapidly recovered. The case was of interest from a diagnostic point of view, as it might easily have been mistaken for one of femoral hernia pushing up over Poupart's ligament, or hydrocele of the round ligament, both of which it resembled in many of its clinical features. -Brooklyn Medical Journal, Jan., 1889.

Origin of Human Diphtheria from a Similar Disease in Birds.

At the time when Nicati published some statements tending to demonstrate the identity of the contagious element of diphtheria in children and in chickens, Magnin, as the result of numerous observations and microscopical investigations, also published statements denying such identity. This was in 1879. Since that time, thanks to the development of bacteriology, Loeffler, and Cornil, and Babés have shown the almost complete identity of the bacilli found in the false membranes of children and birds. More recently this statement has been confirmed by the investigations of Menzies, Delthil, Pamard, Bouchard, and Leissier. Menziés has endeavored to show that diphtheria was caused by the dejections of birds, through the medium of water which has percolated through the deposits of dove-houses or poultry-yards into wells. In the epidemic, which was reported by the author, the atmosphere seems to have been the medium of propagation. He believed that the disease was carried to the island in which the epidemic occurred, and in which nothing of the kind had previously been known, by diseased turkeys. In the course of five months, 125 of a population of 4,000 were attacked with loss of mind and in death. While the This diphtheria, and 36 of them died. island was in the northern part of the Greek Archipelago, Skiatoes by name, and the epidemic continued during five months of the year 1884. The diseased turkeys showed false membranes of a gray color upon the velum of the palate and upon the pharynx.

closely adherent, and could be readily removed. The underlying mucous membrane bled but little, and the glands of the neck were not very much swollen. In one of those which recovered, there was paralysis of the feet, and the animal was unable to walk. The conclusions which were drawn from this epidemic are:

1. There is in turkeys a kind of diphtheria which resembles that which occurs in human beings in its symptoms, its evolutions, and its gravity.

2. Its virus may be transmitted by the atmosphere to man, communicating the disease to him, and then developing into an epidemic .- Glasgow Medical Journal, Jan., 1889.

Hereditary Chorea.

The Lyons correspondent of the Bulletin Médical, Jan. 6, 1889, says that G. Lenoir has devoted an interesting thesis to hereditary chorea. He concludes that there exists a special form of chorea deserving the name hereditary, and that it should be placed in the group of arhythmic choreas. It is a disease of adult life and of maturity. As regards etiology, only one essential and so to speak necessary influence is found, namely, heredity. In symptomatology it is characterized by an insidious appearance and by the slowly progressive march of the choreic symptoms, which, at first sight, do not differ from those of the common chores of Sydenham. A more attentive examination, however, shows as an essential difference that the patient is able to stop the movements by an effort of the will. Disturbances of intelligence and of memory are very frequent. The diagnosis is easy enough. Convulsive tic is perhaps the only affection with which hereditary chores may be confounded. A number of cases described under the names chorea of adults and of the old should in future be studied with more care with reference to heredity. It is very probable, indeed, that a large number of these cases should be classed as hereditary chorea. The progress of the disease is slowly progressive, and it ends in prognosis is fatal for the disease it should be reserved for the children and the descendants up to the age of fifty years at least. But it is very interesting to note that hereditary chorea never skips a generation. If a child of a choreic escapes the disease his own children will be free. No treatment up to the In one of them, the process extended to the present time has given satisfactory results.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterise communications intended for publication.

THE STATE BOARD OF MEDICAL EXAMINERS.

As the fate of the bill to establish a State Board of Medical Examiners in Pennsylvania has not yet been settled by the Legislature, we would add a few words to what has already been said in the REPORTER

Just at present the opposition to the pasage of this bill is being pushed with great vigor and, while nothing new is said against it, the old objections are brushed up and brought out in a way to mislead those who are not familiar with them and their history.

believe, be divided into the following classes: First, and most influential, a large part of the homoeopaths, who fear that a board containing—as it ought to—a majority of men of the "regular" school would have a prejudicial influence upon the maintenance of their separate existence. This opposition is natural; but we are happy to believe that the most intelligent and honest so-called homoeopaths are not afraid to rely upon the justice and fairness of such a board as is proposed, and that they see the need for examining boards unconnected with medical schools as clearly as any medical men do.

Second, there are among the opponents of the bill certain men who pose as the most orthodox of the "regular" school, who go about talking of the "Code of Ethics" and trying to work up a scare about homoeopathy, which is in ludicrous contrast to the fear of some of the homœopaths just spoken of. These men do not represent the mass of the regular profession, either in their abject fear of homoeopathy or in their intemperate assaults upon the character of homoeopaths in general.

A third class of opponents is found in the teachers and attaches of certain medical schools which make a pretense of maintaining a high standard of medical education, but whose graduates have hitherto found it harder to pass the examinations of State Boards than it was to get their diplomas. This kind of opposition is easy to understand, if its motive is known; and when its motive is known it will no doubt meet with the contempt which it deserves.

The last class of objectors to which we wish to allude is made up of those who are the open supporters of fraudulent and ignorant methods-or no-methods, as Carlyle would say—of treating the sick. is a motley crew of vitapaths, electropaths, eclectics, Christian scientists, pow-wow doctors, and who can tell how many more. These are not very conspicuous in their The opponents of the bill may, we opposition to a State Board of Medical

Examiners—although they are deeply con-|suspension, as usually practised when a cerned-because their cause is being maintained much better than they could maintain it, by the homoeopaths who are afraid of the "regulars" and the "regulars" who are afraid of the homœopaths. We believe we voice the best and fairest professional sentiment in Pennsylvania, when we say that the most upright and intelligent members of the medical profession want what the general community wants, viz: that a license to practise in this State shall be given to those only who can pass an examination before a Board chosen by the State, and subject to the scrutiny of all of its citizens, and that the possession of a degree shall not carry with it the right to practise after a mere registration. believe that all who oppose a law of this kind are consciously or unconsciously working to keep the practice of medicine open to the ignorant and unprincipled, and we trust that nothing will prevent the adoption by the Legislature of the Bill now before it.

TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.

In a recent lecture at the Salpêtrière, in Paris, Professor Charcot has called attention to a very interesting suggestion in regard to the treatment of locomotor ataxia, or tabes, which was first made by Motchoukowsky, of Odessa, in Russia, and which Charcot has adopted with very striking results. In introducing this method to his hearers, as reported in the Gazette Hebdomadaire, January 25, 1889, Charcot took pains to make it clear that he had used every care to avoid the error of being carried away by the fascinations of a new method, or of attributing to it what might more properly be credited to other factors in the case. He also stated that the cases in which he had treated it were actual cases of ataxiaa statement which is hardly needed from so eminent and experienced a clinician.

plaster jacket is applied for disease or deformity of the spinal column. The discovery of the method was purely accidental. Motchoukowsky was treating a patient with tabes, who had also a scoliosis. To remedy the latter, he suspended his patient and applied a plaster-of-Paris jacket. In a very short time the patient found himself very much relieved of the fulgurating pains with which he had suffered; and careful testing assured Motchoukowsky that this relief was caused not by the jacket, as he at first supposed, but by the suspension. After this he used suspension upon a large number of ataxia patients, with marked advantage to almost all of them.

This interesting result has now been confirmed by Charcot, who, since last October, has treated fifteen patients by suspension, with remarkable success. The method has been used two or three times a week, for a minute or two for the first few times and for two or three minutes at the succeeding ones.

The relief experienced by the patients consists in a marked diminution of the characteristic pains of locomotor ataxia, and of the inco-ordination. One of the most striking results of the method of treatment is the restoration of the sexual functions; and an investigation disclosed the fact that suspension was actually employed in establishments which exist in Paris for the cure of impotence!

It will prove of value to those who take an interest in this subject if they can go over the details given by Charcot of the effect of suspension in four or five of his cases; but without this, our readers may well believe that a method endorsed by so famous a teacher must have something of actual value in it. Its extreme simplicity, the ease with which it can be carried out, and the results attributed to it entitle it to the serious consideration of all medical men. If—as is to be sincerely hoped—the The method of Motchoukowsky is simply experience of Motchoukowsky and of Charcot when a sease or The disidental. ent with remedy

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the treatment of other organic or functional hands. diseases of the spinal cord.

If any of our readers have under their care patients with locomotor ataxia, we would be glad to have them apply this method and report its results for the benefit of their fellows, and as a contribution to medical science.

INFECTIOUS ULCERS OF THE CORNEA.

At the meeting of the Société d'Ophtalmologie of Paris, January 8, 1889, M. Abadie called attention to the conditions essential to the production of serious infectious ulcers of the cornea. These are: Erosion of the epithelium; inoculation with a pathogenetic microbe; and sufficiently prolonged contact of the organism and the denuded corneal tissue. The last condition might be considered to be included necessarily in the second; but M. Abadie points out that time is an important element, and that this accounts for the fact that serious ulcers of the cornea are perhaps never met with except in patients who are careless in their habits, and not strict in regard to cleanliness.

The treatment of these ulcers is indicated by their etiology. In the earliest stages they may be combated—and sometimes cured—with repeated washings with an antiseptic solution, and the insufflation of finely powdered iodoform. At a later period they require section, according to the method of Sæmisch, or cauterization with the galvanocautery, with opening of the anterior chamber. In some cases a cure cannot be effected without thorough disinfection of the nasal cavity; for which purpose M. Abadie has used, with excellent results, a solution of mercuric chloride, one part to two thousand of water.

treatment of grave ulcers of the cornea, is to the clinic.

are repeated in other lands than Russia and one which may well be borne in mind; for France, it will revolutionize the treatment it is easy to carry out, and as rational as it of locomotor ataxia, and perhaps influence has proved to be useful in M. Abadie's

CLASSIFICATION OF ABSCESSES.

As a result of his interest in bacteriological studies, Prof. Verneuil has recently proposed to classify abscesses according as their pus contains only the micrococci constantly found in pus, or also other microbes not characteristic of pus. This is in our opinion a somewhat premature suggestion. It might be interesting and instructive to have a collection of carefully observed data in regard to the distribution of the various microbes according to the character of the abscesses in which they are found; but far too little is known now about the relation of microbes to pus formation to justify any attempt to classify abscesses in the way Verneuil suggests.

More than this, an attempt of this sort leaves out of sight the fact that the mere presence of an abscess or its peculiar character often signifies less from a practical standpoint than the state or condition of the patient or the situation of the abscess. These are at present the things to be regarded in estimating the significance of abscesses; although it would undoubtedly enlarge our knowledge if it could be shown that abscesses of certain sorts are caused or always accompanied by certain microbes, and that the absence of such microbes is evidence that pus is of a more-or less, as the case may be-malignant character. With some definite information of this sort, the treatment and prognosis of abscesses might perhaps be modified, and certainly would be more accurate than they are at present.

Unfortunately, however, there is nothing of this sort known now. The bacteriological theories in regard to the formation of pus are still in a very immature state, and by This last suggestion, in regard to the no means ready to pass from the laboratory

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REMOVAL OF FOREIGN BODIES FROM THE NOSE.

In a letter to the Lancet, Nov. 3, 1888, Dr. Charles W. Dodd describes an ingenious method of removing certain foreign bodies from the nose, which is worthy of extensive notice. He introduces a tube into the free nostril and blows suddenly into it so as to cause a strong pressure of air, passing back of the septum, behind the foreign body. He recommends, if this does not succeed at once, that the opposite nostril be closed by the surgeon while he blows, and the closure suddenly removed when the pressure is strong enough.

For the carrying out of this method Dr. Dodd uses a soft rubber tube provided with a hard rubber end made to fit the nostril; but almost any tube could be made to do the work if the surgeon is possessed of a little dexterity.

TREATMENT OF TONSILLITIS.

The treatment of tonsillitis is unfortunately by no means established upon a firm and uniform basis; and, so long as this is the case, it is worth while to call attention to methods which are said to have proved useful at the hands of intelligent medical men. For this reason, it is interesting to note that Dr. A. Hillaby, in the Therapeutische Monatshefte, December, 1888, speaks very highly of the results obtained by administering at the outset a simple carthartic, such as the infusion of senna, and following this up with doses of nine or twelve grains of salicylate of soda, several times a day. Under this treatment, he says, the fever and the local inflammation subside rapidly; the activity of the skin is re-established and the formation of abscesses in the tonsils is prevented. He recommends diminishing the dose of salicylate of soda when the inflammatory process is subsiding, but to continue it in small quantities until a cure seems assured.

at Fort Buford, Dakota.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained pon receipt of price, from the office of the REPORTER.]

DOSE AND PRICE LABELS OF ALL THE DRUGS AND PREPARATIONS OF THE UNITED STATES PHARMACOPCEIA OF 1880, ETC. By C. L. LOCHMAN, Translator of the first and second editions of the German Pharmacopæia, etc. Third edition, revised and enlarged. 9x41/4 inches, pp. xvi, 201.

We have already noted with approval a former edition of this excellent book. It is primarily intended for the use of pharmacists; but is of such a character as to be very useful to medical men. It gives, in alphabetical order, the Latin and English names of all the drugs and compounds contained in the last U. S. Pharmacopæia, with a brief statement of their derivation, dose, and medical properties, with blanks for writing in the price of different quantities. It contains also an appendix, in which a number of common mixtures are described and a short account is given of many new drugs which have not yet been placed in the Pharmacopæia. A full index adds to the value of the book.

EXT-BOOK OF MEDICAL JURISPRU-DENCE AND TOXICOLOGY. By JOHN J. TEXT-BOOK REESE, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. Second edition. Revised and enlarged. 8vo, pp. xvi, 646. Philadelphia: P. Blakiston, Son & Co., 1889. Price, \$3.00.

Those who have had the pleasure of attending upon the lectures of Prof. Reese at the University will look upon the appearance of this second edition of his excellent manual as the return of an old friend. In it are found the same charms of a clear and graceful style, and the same merit of thorough and accurate teaching. The book covers the whole range of subjects coming under the general term medical jurisprudence and toxicology, and gives in admirable shape what physicians and lawyers ought to know about the medico legal relations of deaths from suspected violence and poisoning, about feigned diseases, pregnancy, abortion, feticide, infanticide, legitimacy and inheritance, rape, insanity, medical malpractice and life insurance.

The author discusses all these subjects with due consideration of the medical and legal sides of each,

and with a judgment and discrimination which are the result of years of practice as a teacher and as an expert witness in the Courts.

It is a pleasure to be able to speak in such unqualified terms of approval of any book; and we feel with those who turn to it on our recommendation will not be disappointed in it. It is a work which will not be disappointed in it. It is a work which does great credit to its author, and its paper, printing and binding are equally creditable to its publishers.

LITERARY NOTES.

-The North American Practitioner is the name of a new medical magazine to be published monthly by Charles Truax and Company, Chicago. It will be edited by Drs. Bayard Holmes and Junius C. Hoag in the interests of the Post-Graduate Medical School of Chicago. The first number presents a good appearance and makes a favorable impression.

CORRESPONDENCE.

The Medical Examining Board.

TO THE EDITOR: Sir: I see the fight on the Medical Examining Bill has begun, and the warring factions may think it senseless. It might be better for us to yield a point to the other fellows than to have the whole thing "dished." For instance, give them a show on "theory and practice," for an examination their own way. I am no lover of the homoeopathic system; but we must recognize that there are just as true gentlemen, loyal citizens, and Christians practising in the other schools as in our own, and legally we are compelled to recognize them, if not professionally. So we may as well yield to the "legal," and be done with it. I have therefore suggested to Representative Randall to amend the "Walk bill" by making the number of the Board twelve, instead of nine: six to be chosen from the Regular, three from the Homœopathic, and three from the Eclectic school, to be chosen from the registered lists of practitioners of over ten years' prac-tice, regardless of political faith. This is only simple justice; there are many excellent doctors who are not members of any medical society, and it is not right to debar these men from positions on that account. Cases of gross injustice in medical societies are not uncommon, nor is professional courtesy or ability confined to them alone. Besides this, in a work of this kind the support of every good practitioner and man is wanted, and no society should put itself as the arbiter of his fate or promotion. Also, that eight members be a quorum; this keeps the representation even. That the Secretary and President be not of the same school. That the examinations on anatomy, physiology, chemistry, toxicology, pathology, hygiene, surgery, and obstetrics be before the whole board (or quorum); that no applicant be obliged to state his or her school of practice, or exhibit any certificate or diploma until after this examination. On the branches of "Theory and Practice of Medicine" and "Materia Medica," the examination to be before the examiners of the Board belonging to the school to which the applicant belongs. That the exclusive me of Latin names in answering questions shall not be required; and that all practiume in their office.

On such a bill all fair-minded doctors could agree; the gentlemen of the different schools could surely repress their prejudices while examining on the branches that all concede to be essential and in which there is no difference of opinion.

The above is merely suggestive, but I hope it will be of some help to the brethren who are trying to improve the quality, if not the quantity, of the profession.

Yours truly, Marienville, Pa., S. S. TOWLER, M.D. Feb. 7, 1889.

Removal of Gun-Powder From the

TO THE EDITOR.

Sir: In the REPORTER, Feb. 2, p. 152, Dr. John Gray reports his method of removing gun-powder from the face. I cannot quite agree with him in his method, although he was successful. In allowing supuration to take place scarring is more likely to occur. This I always try to avoid, but it cannot always be done when the entire structure of the skin is burnt through. If only the outer layer is destroyed the supurating method can be used without much danger of destroying the deeper structures by subsequent inflammatory action. I will report a case which I saw with another physician, and give you my method of treatment.

W. J., about 21 years old, was standing over a blast in a slate quarry when it was discharged unexpectedly; his face was filled with powder, and so deeply that in many places the powder penetrated through the skin; his eyes were filled with powder, the cornea of one was deeply burnt, and powder lodged in its structures. The patient was almost insensible to any manipulations about the face. We removed every particle of powder or colored tissue from the face with scalpels, simply scraping the face clean; iced water was used to wash off the detached particles. This was a slow process, but it The same method was used was a success. to remove the powder and burnt tissues in the eyes, using finer instruments, however. Instead of washing the eyes with lint, they were freely syringed out with ice-cold water. The powder and burnt structures of the cornea were completely removed by the scraping and syringing. The only dressing shall not be required; and that all practi-tioners of medicine now registered accord-ing to law have issued to them a license to the face cool. The young man made a ractice, and all be obliged to post the complete recovery. The cornea was restored entire. There was no scarring of the face,

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nor did any specks of powder remain. The face was kept covered with moistened lint as long as the structures remained unhealed. There was no suppuration, and consequently no scars. After the necessary cold water dressings to the eyes, small powders of calomel were dropped into them two or three times a day; whether the latter were of benefit or not I cannot say.

Yours truly, JOHN M. CURRIER, M.D.

Newport, Vermont, Feb. 6, 1889.

A Plea for Skimmed Milk.

TO THE EDITOR.

Sir: I want to call your attention to one matter in the milk bill now before the legislature. I think it should be altered so as to permit of the sale of pure unadulterated and undiluted skimmed milk. only way to encourage temperance amongst the laboring classes is to give them a substitute for alcohol, which they will other-Unless food is made cheap high wise drink. license or prohibition will be valueless in saving the laboring class. As medical men we all know that to the laborer a pint of skimmed milk, otherwise pure and undiluted, represents a value as a forceproducer and muscle-maker which the addition of the ordinary percentage of cream by no means increases in equal ratio to the additional expense. For the one he will probably pay five cents a quart, for the other ten cents a quart. I am heartily in favor of the heaviest penalty for milk, and indeed all food adulteration and dilution, but I am much opposed to the restriction of the sale of pure unadulterated skimmed milk, which is nutritious, healthful and within the means of the poorest laborer. Let him have it and plenty of it, in fact, let all his food be cheap and puremilk, meat, bread and water, and in that way there will be a marked difference in the health and sobriety of these classes.

Yours truly, JOHN M. KEATING, M.D.

Philadelphia, Feb. 9, 1889.

—The Philadelphia Ledger, Feb. 16, says that physicians in Lowell, Mass., have formed an association "to guard themselves from imposition by transient people who have been in the habit of evading payment, going from one physician to another after having exhausted their credit."

NOTES AND COMMENTS.

The Welfare of Pharmacy.

The Pharmaceutical Era, Feb., 1889, The welfare of pharmacy depends upon the emphatic maintenance of special skill as a condition of its practice. As a mere division of commerce, without special learning, it is evident that the business of pharmacy must go under. The man who is to supply medicines, duly apportioned not to prove poisons, cannot take all his risks and pay all his expenses if he undertakes to trade wholly upon the business plane of the grocer, the clothier, the hardware dealer. A few weeks ago, a country grocer sold what he supposed to be "salts." It was sulphate of zinc. The wife of the purchaser took three teaspoonfuls. He is a man of grim determination. The grocer has made a hur. ried inquiry into the differences between kinds of salts, but one thing he is now sure of, it will not pay him to deal in any kind of salts for medicine. It is true all the way up, it does not pay any man to deal in chemicals unless he knows what they are. If the pharmacist reaches out of his proper pursuit and deals in certain common wares to eke out the scantiness of cheapened reward, let him all the more hold fast to his anchor of special skill in his proper calling, unless indeed he is ready to give up altogether. The welfare of every pharmacist stands with his professional training, and the good of the body of pharmacists stands or falls with the general basis of learning in pharmacy.

Cocaine in Cancer of the Breast.

J. F. Somerville states in a letter to the Lancet, Jan. 26, 1889, that a patient was operated on about two years ago for cancer, the entire left breast being removed. Twelve months after the operation the disease reappeared and developed so considerably that the same surgeon was again consulted, and he pronounced the case hopeless. Three months later the usual intense pain which accompanies such cases set in, and it became simply a question of alleviating suffering. After the usual remedies for relieving pain had proved ineffectual, Mr. Somerville tried a cocaine ointment (one part in twenty). It had, he says, a marvelous effect; the pain was subdued almost immediately, and remained continually subdued by its use. He states that it was used for two months, there being no occasion during that time even to increase the strength. The patient died Dec. 24, without the least suffering.

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Oil of Turpentine in Diphtheria.

In the Omaha Clinic, Jan. 1889, Dr. J. H. Peabody has a communication on the treatment of diphtheria with oil of turpentine. He refers to a former communication by him published in the REPORTER Sept. 9, 1876, at a time when the use of the oil of turpentine for this purpose was not mentioned in most if any of the current textbooks.

Dr. Peabody says: "I have carefully selected from 613 cases of throat disease, occurring in my practice during the last fifteen years, 175 cases of diphtheria. I say carefully, for I do not wish you to think that any case of follicular tonsillitis has been included in the 175 cases. If any error has been made it is in placing some mild cases of diphtheria among my 438 cases of ton-sillitis, as I treat them at the onset with exactly the same remedies used in diphtheria; and I am confident I have jugulated many a case of this fell disease and prevented its spread in schools and homes where I have used turpentine."

During the past four or five years he says he has employed the following:

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Misce. Sig. Shake up and give a dessertspoonful every three hours to an adult or to a child twelve years old. Alternate with two grain doses of quinine

In sthenic cases in the adult he allows a dessertspoonful of liquor ammoniæ acetatis with five drops of the tincture of aconite root, every three hours until there is some abatement in fever. If the patient is not decidedly better by the second or third day, tincture of the chloride of iron is given in large doses, and the patient is sustained with brandy in proper doses. By this means, a child 12 years old gets about twelve drops of the oil of turpentine every three hours. He also has a vapor diffused through the room by pouring turpentine and water on a hot brick, or by a water-bath. Strangury has in several instances occurred to a slight extent in his practice with the dose men-

He says he has been called in consultation in a number of cases after violent septic poisoning has occurred, and has derived no benefit from turpentine in the heroic dose of a teaspoonful. Tincture of iron and chinoline with brandy in large doses are then indicated; but under any and all treatment the mortality is fearful.

A Characteristic Reaction of Bismuth.

A solution of iodide of bismuth in iodide of potassium is sometimes used, under the name of iodobismuthate of potash, for the research of the alkaloids. It gives insoluble, orange-yellow compounds with many natural inorganic bases, but gives no indication of the nature of the alkaloid found. I have thought, writes M. E. Léger, in the Journal de Phar. et de Chim., Dec. 15, 1888, that this would be otherwise should we use such a reagent in finding bismuth. I used a reagent composed of cinchonine, 1 part; iodide of potassium, 2 parts; distilled water, 100 parts. The cinchonine is dissolved in water with the aid of a few drops of nitric acid; the liquid is heated and the iodide added. This solution, added to one of nitrate of bismuth, gives an orangeyellow precipitate. It should be used in excess, avoiding solutions containing hydrochloric or sulphuric acid; it must not contain too much nitric acid. This reagent may be used for metals precipitable by sulphuretted hydrogen, whose sulphides are insoluble in sulphhydrate of ammonium. It gives, with minimum solutions of mercury, a greenish-yellow precipitate, turning black with excess; maximum solutions give yellowish-white; cadmium, white or yellowish; silver, the iodide if the argentic salt is in excess, yellow if the reagent is in excess; copper (minimum), precipitate of cupric iodide; maximum, brown maroon, containing iodine, copper, and cinchonine; lead, sulphur-yellow precipitate, soluble in an excess of nitrate of lead, and containing iodine, lead, and cinchonine.—Amer. Jour. Pharmacy, Feb., 1889.

Lanolin in Suppositories.

According to M. L. Broutin, Bull. Com. Nov., 1888, lanolin greatly facilitates the introduction into suppositories of extracts or other substances soluble in water. He thinks that when the choice of an excipient is left to the pharmacist, the latter may properly replace a small quantity of the cacao butter with lanolin. The following formula is cited as having given excellent results: Dry extract of hamamelis, gr. xii; lanolin, gr. cxl; cacao butter, 3 vii; for 25 suppositories. The extract is heated with a sufficient quantity of water, to which the melted butter is added by degrees. The mass should be run off as soon as it com-mences to thicken. The suppositories are entirely homogeneous.-Amer. Jour. Pharmacy, Feb., 1889.

Incubation of Scarlet Fever.

At the meeting of the Nottingham Medico-Chirurgical Society, Jan. 4, 1889, Dr. Whitelegge read a paper on the duration of the incubation period in scarlet fever. Dealing first with experimental evidence, he took exception to Trousseau's view that inoculation is the only means of determining the latent period of a disease, pointing out that the period is not always constant even in inoculated diseases, and that the latency of an inoculated disease is usually shorter than that of the same disease when acquired without inoculation. The latent period of inoculated small-pox, for example, cannot be accepted as even approximately true of ordinary small-pox. A similar consideration applies to cases of infection by milk, and to surgical scarlet fever. For practical purposes, reliance has to be placed mainly on the result of observation of individual cases, and the evidence of this kind is divisible into four classes: (1), cases following a single exposure; (2), cases in which a maximum limit can be fixed; (3), cases in which a minimum limit can be fixed; and (4), indirect evidence derived from massed observations of a certain kind. The first and third are open to error, since infection may be carried for a time before infecting the system; the value of the second and third is mainly confirmatory or corrective. The estimate given by earlier authorities is much too long. In many instances the range adopted is so wide as to be useless for guidance in practice, and it becomes necessary to ask if there is not some wellmarked usual period which would hold true of the great majority of cases. Murchison and Squire have shown that the usual latency is short, not exceeding three or four days at most.

Many cases were cited in support of this view, including fifteen which had come under Dr. Whitelegge's own observation; and stress was laid upon the constancy of the three days' incubation in the cases of definite limited exposure in infected ambulances recorded by Dr. Tonge Smith and others. Among the confirmatory indirect evidence, he said, is the comparative rarity of appearance of rash on Wednesdays, possibly accounted for by exceptional conditions on Sunday; and also the sudden reduction in the average number of second attacks in infected households about three gums. Some days later there was a subdays after the average date of cessation of sidence of the swelling of the liver. Numer-acute symptoms in the respective first cases, followed by an increase about three or four present in the urine. On the tenth day days after the average date of commence- after her admission the patient died with

ment of desquamation in the first cases. It has been found that, of the new cases occurring in a house after removal of a patient to hospital, three-quarters presented a rash within five days of the removal. Instances of protracted incubation are to be regarded with suspicion, partly for the reasons already stated, but also on account of the difficulty or impossibility of excluding more recent sources of infection. The majority of ordinary cases are infected from unknown sources, and, if they happened to be exposed to known infection a week or two previously, they might rank as examples of prolonged latency. After reviewing the evidence, Dr. Whitelegge expressed the opinion that the usual period of incubation is three days, or, at all events, between two and four days; and that it is rarely less than one day, and very rarely, if ever, more than seven days .- British Med. Journal, Jan. 26, 1889.

Case of Acute Cirrhosis of the Liver.

Körner communicates an account of this case to the Deutsches Archiv für klin. Medicin, xlii, S. 615. A woman 20 years old was received into the hospital after she had been sick some days with headache, lassitude, nausea, and, more frequently, vomiting. On her admission the patient had no fever, the thoracic viscera were healthy, the liver and spleen not enlarged, the uterine adnexa free. The belly was a little swollen, and somewhat tender on pressure in the neighborhood of the pylorus and cæcum. The breath was fetid. The urine contained no albumin. The bowels were moved first on the day following admission, after the administration of castor oil.

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In a few days there was slight rise of temperature in the evening and slight jaundice. On the fourth day after admission the lower border of the liver was felt in the mamillary line one centimetre (.39 inch) below the edge of the ribs; the liver itself was very tender. The patient was very restless. Two days later jaundice was very marked. The liver now projected five centimetres (about two inches) below the ribs, and extended into the left hypochondrium. The urine contained much bile pigment, and was only secreted in small quantities

the autopsy numerous hemorrhages were found in the skin, and in the mucous and serous membranes. The liver was nearly normal in size, ochre-yellow in color, its capsule opaque in places and thickened. A microscopic examination of the tissue demonstrated the disease to be an acute cirrhosis of the liver .- Centralblatt f. d. med. Wissenschaften, Jan. 5, 1889.

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Nikiforow's Carmine.

Dr. Nikiforow (Zeitschrift für Wiss. mik.) recommends a formula for a carmine stain which acts intensely on the nucleus, and can be used with advantage for staining specimens in toto, and which does not require after treatment with the strong acids which act harmfully on the tissues. It is prepared as follows: Take three parts of carmine, 5 parts of borax and 100 parts of water, and boil in a porcelain dish until a small portion of the carmine has dissolved. Add sufficient ammonia to dissolve the remaining carmine, and the liquid takes on a deep cherry-red color. The mixture is now evaporated by boiling to somewhat more than one-half its volume. Carefully neutralize with dilute acetic acid, when the cherry-red color gives place to one of a carmine tint. The secret is not to get too much acid (Grenacher's carmine), for such a preparation will require after treatment with an acid (? alkali). The safest way is to add the acid slowly and experiment from time to time. When the solution is prepared, a few drops of carbolic acid may be added, and Tissues which it will keep indefinitely. have been preserved in alcohol are stained by it in about fifteen minutes, though no overstaining takes place after twenty-four hours .- Microscope, Jan., 1889.

A Beautiful and Durable Cement for Ringing Balsam Mounts.

Mr. J. D. Beck sends the following to the Microscope, Jan., 1889: To a thick solu-tion of gum arabic add a little glycerine to prevent cracking. Ring balsam mounts with this first, then finish with the same cement colored with magenta, or fuchsine, or the "Diamond" black dye dissolved in water. Ornament with gold paint, etc., and finish with "Winsor & Newton's" mastic picture varnish. Try cement on a blank slide; if brittle when hard, add a little twenty-four hours without brittleness.

symptoms of acute cedema of the lung. At Surgical Treatment of Chronic Cervical Adenitis.

The Lyons correspondent of the Bulletin Médical, Jan. 23, 1889, says that M. Poncet has made a communication to the Academy of Medicine on the surgical treatment of chronic adenitis. He distinguishes two kinds. In the first the glands are superficial, although sub-aponeurotic, and extirpation can often be accomplished with the knife or the scissors. In the second the deep carotid or subclavian glands are affected, and the difficulties of extirpation are increased.

Surgical intervention may be divided into several steps. In the first the glands are exposed by incising the skin and soft parts. The incisions should be long, even measuring at times fifteen centimetres (nearly six inches). The second step comprises the extirpation or the destruction of the diseased glands. The use of the knife is simple and easy for superficial glands, but becomes dangerous in deep glands on account of the risk of wounding the vessels and nerves. The diseased gland must first be fixed with the left index finger and then punctured with the point of the knife. Through this opening a small curette is introduced and part of the diseased tissue removed; a larger curette is then inserted and the sub-capsular enucleation of the gland completed in a few seconds. The same operation is repeated for each gland, and in this way as many as ten or fifteen may be removed at one sitting.

The third step consists in covering the whole wound with a layer of iodoform, inserting a drainage tube through the whole length of the wound, letting it just come out of the inferior angle, and in taking a number of stitches to insure immediate union.

He states that recovery is very rapid, occurring in from fifteen to twenty days, and that it is permanent, several patients having been seen completely cured two years after operation.

Combination of Syphilis and Cancer.

Lang states in the Wiener med. Blätter, No. 10, 1888, that he had previously observed three cases in which cancer had arisen from syphilitic ulcers; in one case the ulcer was upon the face (rodent ulcer), in another under the tongue, and in the third upon the lower lip. He then presented a fourth case in which a carcinoma had developed upon the anterior edge of a syphilitic ulcer of the palate. The diagnosis was established by more glycerine, so that it will harden in microscopic examination in all cases.-Centralblatt für Chirurgie, Dec. 15, 1888.

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Benefits of Vaccination.

In Paris, where the law requiring vaccination is feebly enforced, the mortality from small-pox ranges from 136 to 10.1 to the 100,000 inhabitants, while in the principal German cities, where the vaccination laws are rigidly enforced, the death-rate is but 1.44 to the 100,000 inhabitants. London, under compulsory vaccination, has a death-rate from small-pox of but .6 to the 100,000 inhabit-On the other hand, in the Canton of Zurich, in Switzerland, since the compulsory vaccination law was repealed in 1883, the death-rate from small-pox has risen steadily from 8 to 85 to the 100,000 inhabitants.

A report lately published by Mr. Ritchie, President of the British Local Government Board, with reference to the recent epidemic of small-pox in Sheffield, shows that of the children under ten years of age, 95,000 were vaccinated and 5000 were not. Among the vaccinated there were 189 cases of small-pox with 2 deaths; among the unvaccinated there were 172 cases and 70 deaths. Keeping these proportions, if all the children in Sheffield had been vaccinated, there would have been 200 cases of small-pox among them and a fraction more than 2 deaths; if none of the children had been vaccinated, there would have been 3337 cases and 1330 deaths, 600 times the mortality with universal vaccination.—Sanitarian, Jan., 1889.

Alcoholic Solution of Hæmatoxylin.

Dr. G. Cucatti (Centralblatt für Bakteriologie und Parasitenk.) gives the following formula for making a hæmatoxylin solution which possesses the advantages of never turning bad and of staining only the chromatic part of the nuclei, the color being fixed most deeply in the karyokinetic figures.

Dissolve 25 grm. (6½ drachms) of pure potassium iodide in 25 ccm. (63/4 fluid drachms) of distilled water, and pour the mixture into a glass-stoppered bottle containing 75 ccm. (21/3 fluid ounces) absolute alcohol, shaking the whole repeatedly. Then grind together in a mortar 75 c.grm. (12½ grains) of hæmatoxylin crystals and 6 grm. (1½ drachms) of alum. When these are intimately mixed, add 3 ccm. (50 minims) of the iodide solution. Keeping the mixture well stirred, add little by little the rest of the solution, and then pour into a well-stoppered bottle, and leave for ten to are likely to suffer.—Medical Press and fifteen days. At the end of this period, Circular, Jan. 23, 1889.

shake up well again and in an hour or two afterward filter, and preserve the filtrate very carefully to prevent evaporation and deposit of iodide crystals. This solution only stains up to a certain point, consequently the sections may be left in it indefinitely .- Microscope, 1889.

Toxic Effect of Cocaine.

Dr. Moizard reports in the Journal de Médecine, Dec., 1888, that a child 4 years old took by accident four grains of cocaine. There was no immediate effect; the child went quietly to sleep. One hour afterward he awoke in frightful agony. The face was pale, the respiration difficult; there were nausea, pains in the upper portion of the chest, formication, cramps of the limbs, and great muscular agitation. The child could get no rest, and was a prey to terrifying hallucinations. An enema containing eight grains of chloral, followed two hours later by one containing five grains, was given. The child began to get quiet. During the night it slept, but was frequently awakened by convulsive movements. On the following day it was perfectly well .- Amer. Jour. Pharmacy, Feb., 1889.

Relative Age in Procreation.

At a recent meeting of the Hungarian Academy of Sciences, Prof. Korösi read a paper on the influence of parents' ages on the vitality of children. The point is one which has hitherto received but scant attention at the hands of ethnological statisticians, but M. Korösi has collectd some 30,000 data, from which he deduces the following conclusions: Mothers under the age of twenty, and fathers under twenty-four, procreate children endowed with a less aggregate vitality than the offspring of parents of maturer ages. These children are especially liable to lung diseases. The healthiest children are those whose fathers are from 25 to 40 years of age, and whose mothers are between 20 and 30. He affirms that the best results are obtained from the union of a man the senior of the wife, but a woman between 30 and 35 will fare best with a somewhat younger husband. The wife of a man between 30 and 40 should not exceed 30 years of age, and whenever the mother's age exceeds that of the father by more than five years the health and vitality of the offspring

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The Nature of Milk.

The results of a study of this subject were lately submitted by M. A. Béchamp to the Paris Society of Pharmacy. The author's conclusions are (Union Phar., Dec., 1888): Milk is not an emulsion. The milky globules are not simply fat globules, but true adipose vesicles in a freed condition. Cow's milk contains, beside casein, albuminoid substances which are not free, being dissolved in combination with alkalis. Human milk is not, strictly speaking, a casein milk; it contains a ferment which is peculiar to it. (See Comptes rendus, xcvi, p. 1508). Milk coagulates spontaneously, i.e., without the aid of vibriones .- Amer. Jour. Pharmacy, Feb.,

Food for Shipwrecked Seamen.

The Prince of Monaco lately read a paper before the French Academy of Sciences, in which he said that shipwrecked seamen who have to take to the boats without provisions on the high seas can obtain food from the ocean itself by trailing a drag net made of any light stuff along the surface during the night. The net will, in the morning, be found to contain some small shell fish available for food. In the sea to the west of the Azores, the Prince added, the vegetable matter on the surface teems with animal life and fish which are capable of affording substantial nutriment.—Phila. Ledger, Feb. 11, 1889.

Eczema of the Anus and Genitalia.

In the Deutsche med. Wochenschrift, Jan. 17, 1889, the following method of treating eczema of the anus and genitalia is given: Hot sitz-baths, and washing with soapy water, followed by inunction twice a day of

- —Dr. C. Meymott Tidy has been awarded the Swiney prize, consisting of a silver cup and 100 guineas. It is given by the Society of Arts and the Royal College of Physicians of London conjointly, for work in jurisprudence.
- The hospital of the Johns Hopkins University will be formally opened May r. Its organization has been entrusted to President Gilman, who, it is said, will reside in the hospital and exercise a close personal supervision over its executive management.

NEWS.

- -Dr. J. W. Cox, of Pine Bluff, Arkansas, was shot in that place, Feb. 12.
- -Dr. J. B. Taylor died while attending a patient in East Cambridge, Mass., Feb. 15.
- —Dr. Herman von Meyer, Professor of Anatomy in Zurich, has just died, at the age of seventy-four years.
- —Boston physicians have been ordered to make a monthly return of the number of births attended by them.
- —Dr. Henry F. Formad has withdrawn his resignation as Demonstrator of Pathology in the University of Pennsylvania.
- —A disease described as resembling membranous croup is reported to be raging among the children at Wabash, Indiana.
- —The William F. Jenks Prize for the best essay on the "Diagnosis and Treatment of Extra-uterine Pregnancy" has been awarded to Dr. John Strahan, of Belfast, Ireland.
- —Dr. D. W. Cheever has given \$5,000 to the Medical Department of Harvard University to establish a scholarship to be known as the "David Williams Cheever Scholarship."
- —Dr. Francis B. Kane, Professor of Clinical Medicine in the Medical Department of the University of California, died recently in San Francisco of pneumonia, after a very short illness.
- —Dr. F. G. Mitten reports a case to the Cincinnati *Lancet Clinic*, Feb. 16, in which he suggests that a certain deformity, which is present in a child five months old, is due to a supernumerary clavicle.
- —Dr. Carl Zoller, of Philadelphia, has been bound over by United States Commissioner Bell to answer the charge of sending obscene postal cards to the Medico-Jurisprudence Board of Pennsylvania.
- —The New York Postgraduate Medical School and Hospital has obtained a lease for ten years of the property adjoining its present location, and will use the addition for increasing the babies' wards of the Hospital.
- —The Chemist and Druggist, Jan. 26, says that a pharmacist in Warsaw was recently making up a prescription consisting of 32 parts of chlorate of potassium and 4 parts of tannic acid, and on adding a few drops of oil of peppermint to flavor it, the mixture exploded with great force, doing considerable damage. A St. Petersburg pharmacist has dispensed the prescription with the same result.

HUMOR.

"George, dear, what kind of fruit is borne by an electric-light plant?" "Electric currents, of course."—Terre Haute Express.

WHAT "FAMILY PHYSICIAN" MEANS.—
"Who is General Bickett's family physician?" was asked of a doctor. "I guess I am," was the reply; "at least, he owes me three hundred dollars."—Puck.

A New WAY OF DIAGNOSTICATING SHOULDER PRESENTATION.—Quiz Master—How do you diagnosticate a shoulder presentation? Student—By feeling for the hair in the axilla.—Medical Record.

MINISTERIAL RISK —"I'm very glad to have been of any comfort to your poor husband, my good woman. But what made you send for me, instead of your own minister?" "Well, sir, it's 'typhus' my poor husband's got, and we dinna think it just reet for our ain minister to run the risk!"—Punch.

PRECAUTIONARY.—Quilpin—"And now, sweetest, what kind of an engagement ring will you have? Shall it be a diamond?" Sweetest (hesitatingly)—"O, Algernon, pardon me, but—but—" Quilpin—"But what love?" Sweetest—"You newspaper men have so much to do with paste, you know, that—suppose you let me go with you when you select it?"—Burlington Free Press.

HISTORIC JOKES.—Napier's famous despatch from India announced his victory in one word, "Peccavi"—which is, by interpretation, "I have Scinde." Very much of the same kind was Gen. de Bourmont's message to the French War Minister in 1830, when the Dey of Algiers escaped him after being taken. "Perdidi Diem"—"I have lost a Dey." It is said that Drake, when the ships of the Armada turned their sails, sent to Elizabeth the word "Cantharides"—that is, "The Spanish fly." This last is probably a fable.—Temple Bar.

"WHAT a QUICK-TEMPERED FELLOW Gapeleigh is!"

"Why, what has he been doing now?"
"We were at dinner the other day, and Gapeleigh—who never has any use for a fork, you know—was quite in earnest in what he was pleased to call the unreasoning prejudice against the knife at table. He contended, with much warmth, that the knife was the proper thing to eat with. It was the most convenient, every way—at least, he found it so."

"Well, and what then?"

"Oh, I simply remarked that all persons were not gifted with a mouth like the mouth of a river; and, if you'll believe it, Gapeleigh took it as a personal affront, and he hasn't spoken to me since. But then he's so quick-tempered it's hard to get along with him, any way."—Boston Transcript.

OBITUARY.

MARY H. STINSON, M.D.

Dr. Mary H. Stinson died at Norristown, Pa., Feb. 11, of erysipelas. She was born on November 14, 1819, and was therefore in the 70th year of her age. After studying at the female seminary in Charlestown, Mass., she studied medicine and was graduated in the class of 1869, from the Woman's Medical College of Pennsylvania, the Faculty of which College recommended her for the position of assistant physician in the department for women at the Massachusetts State Lunatic Hospital at Worcester, a position to which she was elected by the Trustees in July, 1869. This was the first appointment of a woman to such a position. In 1875 Dr. Stinson resigned, and the next year visited Europe to make a study of the manner of conducting the hospitals for the insane and the sick, and the medical departments of the universities. When the Hospital for the Insane for the Eastern District of Pennsylvania was organized at Norristown, she was offered the position of resident physician of the Women's Department, but declined it.

JOHN C. DALTON, M.D.

Prof. John C. Dalton, of New York, died Feb. 12. Dr. Dalton was born 64 years ago in Massachusetts, and was graduated from Harvard University in 1847. He served successively as Professor in the Medical Departments of the Universities of Buffalo and Vermont, and of the Long Island Hospital College, and in 1855 began his long service with the College of Physicians and Surgeons of New York, a service broken only by his term in the army, where he became brigade surgeon. He was the author of the well-known text-book on physiology. He was the first in this country to teach physiology with illustrations by vivisection. In the International Medical Congress, held in Philadelphia in 1876, Dr. Dalton was a delegate from the American Medical Association, and was chosen President of the section on Biology.